

Case Number:	CM15-0065910		
Date Assigned:	04/13/2015	Date of Injury:	09/28/2010
Decision Date:	06/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is 57 year old male who sustained an industrial injury 9/28/2010. His diagnoses, and/or impressions, include: left shoulder rotator cuff tendinopathy, secondary to impingement; asymptomatic left shoulder acromioclavicular arthritis; right shoulder rotator cuff tendinopathy; and osteoarthritis, bursitis and tendinitis of the shoulder region. Recent magnetic resonance imaging studies of the left shoulder was stated to have been done on 2/26/2015, and the right shoulder on 3/4/2015. His treatments have included right shoulder scope "capsular" release, debridement and revision surgery (11/19/13); steroid injection therapy to the bilateral shoulders - ineffective; and medication management. The progress notes of 3/4/2015 noted complaints that included continued left shoulder pain. Also complained of was mild-moderate, non-radiating, bilateral shoulder pain and weakness, left > right. It was noted that the recent left shoulder magnetic resonance imaging study was reviewed - which suggested the need for an arthroscopy. The physician's requests for treatments included post-operative/arthroscopy physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left Shoulder Arthroscopy with Subacromial Decompression and Treatment of Encountered Pathologies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section recommends 3-6 months of conservative care plus a painful arc of motion from 90-130 degrees that is not present in the submitted clinical information from 3/25/15. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case, the exam note from 3/25/15 shows pain at the end of range of motion (130 degrees) but does not document that painful range meets the criteria. Therefore, the request is not medically necessary.

Post-Operative Physical Therapy (12-sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.