

<b>Case Number:</b>	CM13-0051695		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This is a 61-year-old female injured in a work-related accident on 8/13/13 sustaining injury to the right shoulder. MRI report available for review dated 8/22/13 demonstrates findings consistent with a tear to the subscapularis muscle at its insertion. Follow up orthopedic examination dated 9/3/13 with [REDACTED] indicated review of the claimant's MRI scan demonstrated full thickness rotator cuff pathology as well as physical examination that showed weakness and motion deficit. He recommended surgical intervention in the form of rotator cuff repair given failed conservative care to date. There is a current request for the role of a rotator cuff repair procedure with preoperative medical clearance and post-operative physical therapy. However, the specific number of sessions were not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A right shoulder arthroscopy:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

**Decision rationale:** Based on California ACOEM Guidelines, the role of operative intervention to include a rotator cuff repair would appear medically warranted given the claimant's current MRI findings that demonstrate full thickness rotator cuff pathology with examination that demonstrates weakness, functional deficit, and failed conservative care. A surgical process in the form of arthroscopy would appear medically necessary.

**Preoperative medical clearance:** Overturned

**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 ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Based on California ACOEM Guidelines, preoperative medical clearance would also be warranted. This is a 61-year-old female with underlying past medical history that is to undergo a surgical process that would include anesthetic. The role of preoperative medical assessment for the procedure in question would appear medically necessary.

**Postoperative physical therapy:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Post-Surgical Rehabilitative Guidelines, physical therapy would be supported. While the number of sessions being requested is not noted, the role of physical therapy in the post-operative setting in and of itself would be supported given the nature of the surgical process in question. Frequency and duration should not exceed appropriate guidelines criteria which in this case would include twelve initial sessions given the initial one-half rule of therapy in the post-operative setting.