

Case Number:	CM13-0065172		
Date Assigned:	01/03/2014	Date of Injury:	06/12/2008
Decision Date:	06/26/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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. The expert 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 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/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:

According to the records made available for review, this is a 60-year-old female with a 6/12/08 date of injury. At the time (11/12/13) of request for authorization for 1 pre-op medical clearance and 12 sessions of post-op physical therapy, there is documentation of subjective (right arm and shoulder pain with radiating piercing and throbbing pain with associated numbness, and difficulty sleeping secondary to pain) and objective (painful active range of motion; tenderness to palpation over the AC joint and rotator cuff; positive Hawkin's, cross arm, and Neer's tests; and atrophy with deformities of the right shoulder) findings, imaging findings (MRI of the right shoulder (9/27/13) report revealed supraspinatus tendinosis/tendinitis with a suspected small grade partial tear, mild distal subscapularis tendinosis/tendinitis, and long head biceps tendon suspected to be congenitally duplicated but cannot exclude the possibility of diffuse longitudinal split tear), current diagnoses (rotator cuff sprain), and treatment to date (physical therapy, activity modification, and steroid injections). In addition, 12/3/13 UR Determination identifies certification of right shoulder arthroscopic rotator cuff repair with biceps tenodesis, subacromial decompression and distal clavicle excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRE-OP MEDICAL CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pgs 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of a diagnosis of rotator cuff sprain. In addition, there is documentation of a pending right shoulder arthroscopic rotator cuff repair with biceps tenodesis, subacromial decompression and distal clavicle excision that is authorized. Therefore, based on guidelines and a review of the evidence, the request for 1 pre-op medical clearance is medically necessary.

12 SESSIONS OF POST-OP PHYSICAL THERAPY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Postoperative Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: § 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of rotator cuff sprain. In addition, there is documentation of a pending right shoulder arthroscopic rotator cuff repair with biceps tenodesis, subacromial decompression and distal clavicle excision that is authorized. Furthermore, the proposed 12 sessions of post-op physical therapy number of post operative physical therapy sessions is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Therefore, based on guidelines and a review of the evidence, the request for 12 sessions of post-op physical therapy is medically necessary.

