

Case Number:	CM13-0065864		
Date Assigned:	01/03/2014	Date of Injury:	09/30/2005
Decision Date:	02/27/2014	UR Denial Date:	12/09/2013
Priority:	Expedited	Application Received:	12/16/2013

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 55-year-old claimant who sustained an injury on 09/30/05. An MRI was obtained on 04/20/13, which documented a full thickness tear of the supraspinatus tendon. [REDACTED] authored a letter on 12/11/13, which documented that this 55-year-old female with a rotator cuff tear has significant pain and decreased range of motion. CA MTUS/ACOEM Guidelines specifically state that in older workers tears in the rotator cuff are typically treated conservatively at first. Referral for surgical consultation may be indicated for patients who have activity limitation for more than four months plus the existence of a surgical lesion. There is failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus the existence of a surgical lesion. There should be clear clinical and imaging evidence of a lesion that has been shown to benefit from long term from surgical repair. In this case, the note provided from [REDACTED], dated 11/21/13, documented a longstanding history of right shoulder pain and a recent course of therapy to address this

IMR ISSUES, DECISIONS AND RATIONALES

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

Op Physical Therapy (PT) two (2) times a week for four (4) weeks: 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: Postoperative physical therapy two times a week for four weeks is an appropriate starting point following rotator cuff repair. Official Disability Guidelines support 40 visits over four months in therapy. Therefore, an initial course of 8 visits over the time course of one month is a reasonable starting point

Pre Op Clearance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, Low Back Chapter - Low Back Chapter - Preoperative electrocardiogram (ECG), Preop Lab Testing, Preoperative testing, general

Decision rationale: Preoperative medical clearance is quite important to ensure that the benefits of surgery outweigh the risks of anesthesia. MTUS guidelines do not address this issue well. If one looks towards the Official Disability Guidelines, preoperative testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management. The guidelines support testing for patients who are undergoing intermediate or high risk surgery. In this case, the intermediate risk of surgery has been planned. Therefore, preoperative testing and medical clearance would be medically necessary and appropriate based upon the Official Disability Guidelines