

Case Number:	CM13-0072676		
Date Assigned:	01/10/2014	Date of Injury:	06/13/2012
Decision Date:	04/07/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/31/2013

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:

The patient is a 61-year-old female food service worker who sustained an industrial left shoulder injury on June 13, 2012. She underwent a left carpal tunnel release and left shoulder arthroscopic synovectomy, debridement of a labral tear, biceps tenotomy, and mini open supraspinatus tendon repair on February 27, 2013. Twenty-four post-operative physical therapy visits were completed as of July 26, 13, with flexion/abduction of 170 degrees and external rotation 80 degrees. Residual left shoulder sharp pain with overhead work was noted. A cortisone injection was performed on August 26, 2013. Records indicate that the patient reported left neck and shoulder pain on September 23, 2013, with essentially full shoulder range of motion. X-rays of the shoulder were normal; cervical x-rays showed mild degenerative disc disease. A follow-up on October 21, 2013 indicated left shoulder flexion and abduction of 150 degrees, limited by pain. Positive impingement sign and rotator cuff weakness were noted. A repeat MRI on November 22, 2013 documented an infraspinatus partial thickness (possible full thickness) articular surface tear possibly involving the supraspinatus tendon with mild to moderate muscle bulk atrophy of the supraspinatus. Biceps tendinosis with possible partial thickness tear and acromioclavicular joint arthrosis were documented. The December 2, 2013 orthopedic report documented continued left shoulder pain with poor range of motion. MRI findings were reviewed. The prior supraspinatus tendon repair had healed but there was extreme thinning of the infraspinatus tendon with a small full thickness component. Exam findings documented active abduction 80 degrees, passive abduction 180 degrees, positive Drop-arm sign, and positive impingement sign. The treating physician opined a new rotator cuff tear that would not improve without surgical repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY, THREE (3) TIMES PER WEEK FOR FOUR (4) WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for a rotator cuff repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. Guidelines support an initial course of therapy equal to one-half the number of visits specified in the general course of therapy for the specific surgery. In this case, guidelines would support an initial course of 12 visits. Guideline criteria have been met. Therefore, this request for Post-Operative Physical Therapy three (3) times per week for four (4) weeks is medically necessary.

LEFT SHOULDER ARTHROSCOPY AND ROTATOR CUFF REPAIR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-210.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery For Rotator Cuff Repair

Decision rationale: The California MTUS guidelines do not address rotator cuff repair for chronic injuries. The Official Disability Guidelines for rotator cuff repair, with a diagnosis of full thickness tear, typically requires clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, usually full passive range of motion, and positive imaging evidence of rotator cuff deficit. Guideline criteria have been met. There is MRI evidence of a full thickness tear and supraspinatus muscle bulk atrophy consistent with clinical findings and resistant to reasonable comprehensive non-operative treatment. Therefore, this request for Left Shoulder Arthroscopy and Rotator Cuff Repair is medically necessary.