

<b>Case Number:</b>	CM14-0010828		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 58-year-old male laborer sustained an industrial injury on 12/7/12, while using a shovel and sledgehammer. The 1/21/13 right shoulder MRI demonstrated a full-thickness rotator cuff tear involving the glenoid labrum and long head of the biceps tendon, and advanced acromioclavicular joint arthropathy. The patient underwent biceps tenotomy, decompression, debridement and repair of the rotator cuff on 6/19/13. The 12/28/13 right shoulder MRI summary documented post-surgical changes with evidence of rotator cuff tear and possible post-surgical changes of the proximal biceps tendon, which was not well visualized. There was attenuation of the supraspinatus and infraspinatus tendons, findings suggestive of partial articular sided tearing of the infraspinatus. There was tendinopathy and attenuation of the subscapularis tendon. The MR arthrogram report findings indicated that intra-capsular contrast was noted with two suture ligatures seen in the humeral head. The 1/7/14 treating physician report cited limited range of motion, weakness, difficulty raising his arm over his head, and slightly positive drop arm test. The MRI was reviewed with an additional radiologist. It appeared as if the supraspinatus is thinned. There was some gadolinium entering the subacromial space, indicating rotator cuff tearing. There was some biceps displacement and tendinopathy. The treatment plan recommended arthroscopic evaluation and treatment with rotator cuff repair as indicated and possible open biceps tenodesis. The 1/16/14 utilization review denied the request for right shoulder surgery as there was no documentation of an overt rotator cuff tear on imaging, the patient had improved with physical therapy, and range of motion was 90% with no impingement signs. The 1/20/14 appeal letter stated that the patient had significant limitation in motion. Active motion was 120-130 degrees. Passive range of motion was nearly full. He was significantly weak, at only 4/5. He had a positive drop arm test and was unable to fully elevate his shoulder actively. The MRI had been reviewed with a radiologist and there was

agreement that there was a full-thickness rotator cuff tear. Imaging was consistent with clinical exam. The 4/13/14 AME report documented right shoulder pain and significant functional limitation in right shoulder use in overhead activities and lifting. There was pain at night. Physical exam findings documented bunching of the biceps muscle in the upper arm and 1 inch biceps atrophy. Right shoulder range of motion was forward flexion 110, abduction 80, external rotation 50, internal rotation 10, extension 20, and adduction 40 degrees. The treatment plan recommended right shoulder surgery given that the gadolinium was positive and there are further difficulties with the biceps tendon.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Eight (8) Physical Therapy:** 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 rotator cuff repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The current request for 8 initial post-op physical therapy sessions is consistent with guidelines. Therefore, this request for 8 physical therapy visits is medically necessary.

**Purchase of Shoulder Sling/Immobilizer:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter - Immobilization.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205 and 213.

**Decision rationale:** The California MTUS ACOEM guidelines indicate that the shoulder joint can be kept at rest in a sling if indicated. Slings are recommended as an option for patients with acromioclavicular separations or severe sprains. Prolonged use of a sling only for symptom control is not recommended. Guideline criteria have been met. The use of a post-operative sling is generally indicated. Therefore, this request for purchase of shoulder sling/immobilizer is medically necessary.

**Right Shoulder Arthroscopy, Possible RCR, Biceps Tendons, Possible Open:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Rotator cuff repair.

**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, Surgery for biceps tendon rupture.

**Decision rationale:** The California MTUS guidelines do not address rotator cuff repair for chronic injuries. The Official Disability Guidelines (ODG) for rotator cuff repair with a diagnosis of full thickness tear typically require 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. The ODG indicates that consideration of biceps tenodesis should include evidence of an incomplete tear with associated subjective/objective clinical findings. Guideline criteria have been met. Subjective, objective and clinical exam findings are consistent and support findings of a rotator cuff tear. There is evidence of a biceps defect and atrophy, but imaging indicated the biceps tendon was poorly visualized. The injured worker has progressively lost range of motion and is significantly limited in function prohibiting return to full work. Reasonable nonoperative treatment has been tried and failed. Therefore, this request for right shoulder arthroscopy, possible rotator cuff repair, and possible open biceps tenodesis is medically necessary.