

Case Number:	CM14-0182424		
Date Assigned:	11/07/2014	Date of Injury:	05/24/2011
Decision Date:	12/11/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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 Minnesota. 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 injured worker is a 56 year old male year old male with right shoulder pain and evidence of a full thickness rotator cuff tear involving the supraspinatus tendon with mild (7mm) retraction and associated downsloping of the acromion and acromioclavicular arthritis, He had undergone a left shoulder decompression and rotator cuff repair in the past. The requested surgery including arthroscopic rotator cuff repair, possible open, acromioplasty, and distal clavicle excision has been certified by UR. The disputed issues pertain to a request for 3 x 6 physical therapy modified to 12 visits and a request for shoulder continuous passive motion machine that was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,11,27.

Decision rationale: The post-surgical physical therapy treatment for rotator cuff repair/acromioplasty is 24 visits over 14 weeks. The post-surgical physical medicine treatment period is 6 months. The initial course of therapy is 12 visits. However, after completion of the

initial course of therapy, a subsequent course of therapy may be prescribed with documentation of functional improvement within the parameters of the general course of therapy. If after completion of the general course of treatment it can be determined that additional functional improvement can be accomplished, it can be further extended until the end of the physical medicine period. In any case the initial course of therapy is 12 visits. The requested 3 x 6 post-operative physical therapy is 18 visits which exceeds the initial course of therapy. The request for 3 x 6 physical therapy is therefore not appropriate or medically necessary.

CPM unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Shoulder, Topic: Continuous Passive Motion

Decision rationale: California MTUS does not address use of CPM after rotator cuff repairs. ODG guidelines do not recommend CPM after rotator cuff surgery. Therefore the request for a post-operative CPM unit is not medically necessary.