

<b>Case Number:</b>	CM14-0023647		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Physical Medicine & Rehabilitation 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:

This 62 year-old patient sustained an injury on 11/13/12. Initial injury reported onset of pain from repetitive motion with diagnoses of right basilar joint arthrosis, complete tear of right rotator cuff, s/p right carpal tunnel release, and left carpal tunnel syndrome. Report from provider had requests for medications along with open right shoulder rotator cuff repair with surgery non-certified per review of 2/13/14. Conservative care has included medications, therapy, and activity modification. MRI of the right shoulder on 12/3/12 noted osteophyte at greater tuberosity and AC joint impingement; multifocal full thickness and partial tearing at multiple locations throughout rotator cuff associated with glenohumeral and subdeltoid bursitis. Orthopedic consultation report of 3/14/13 noted patient on medications of Metformin, Lipitor, Lisinopril, Aspirin, and Xanax. There is history of diabetes, hypertension, and high cholesterol with occasional edema. There is x-rays of right shoulder on 3/12/13 revealing acromion notching with AC joint spurring. Exam found right shoulder with flex/abduction of 130 degrees, positive impingement sign, decreased grip strength. Surgical intervention was suggested. Report of 1/14/14 noted patient had completed physical therapy for right CTR with continued pain complaints in right thumb and shoulder. Exam showed passive forward flexion is 160 degrees with weakness and pain of the supraspinatus tendon against resistance. Diagnoses included right basilar joint arthrosis and complete right rotator cuff tear. Requests included open right shoulder surgery, NMES/IF, Cryotherapy, 30 post-op PT visits, metabolic panel, cxr, ekg, internal medicine consultation for clearance, and CPM unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN ULTRASLING:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Post-operative Abduction Pillow Sling.

**Decision rationale:** Although, this DME ultrasling may be recommended as an option following open repair of large and massive rotator cuff tears; however, it appears the open right shoulder surgery was non-certified on 2/13/14, thereby making the ultra-sling not medically necessary for post-operative use. At this time, the Ultrasling is not medically necessary and appropriate.

**30 POST-OPERATIVE PHYSICAL THERAPY VISITS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Although, post-operative PT is recommended following open repair of large and massive rotator cuff tears; however, it appears the open right shoulder surgery was non-certified on 2/13/14, thereby making the post-op physical therapy not medically necessary. Additionally, Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks with 3-4 months rehab period and 30 visits over 18 weeks for complete rotator cuff rupture over a rehab period of 6 months; however, the request for initial 30 post-op sessions without specific documented extenuating surgical complications, comorbidities or demonstrated functional improvement is outside guidelines recommendations for trial treatment. At this time, the 30 post-operative physical therapy visits are not medically necessary and appropriate.