

<b>Case Number:</b>	CM14-0040383		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 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 male logger sustained an industrial injury on 9/28/12, when a machine malfunctioned and forced his left arm into an awkward position. The 12/1/12 left shoulder MRI impression documented supraspinatus tendinopathy with partial thickness and possibly full-thickness tears, horizontal tear in the superior labrum with degenerative changes in the anterior labrum, marked degenerative change of the acromioclavicular joint, and subscapularis tendinopathy but no disruption. Conservative treatment included injection, chiropractic, and physical therapy. Records documented positive impingement signs and considerable benefit with injection. The 10/7/13 treating physician progress report indicated that patient continued to work with a great deal of pain. Physical exam findings indicated the patient could elevate his arm overhead and had give-way type weakness in abduction and with resisted external rotation. The patient indicated that he would like to get the rotator cuff fixed at the end of his work season in December because of the persistent pain during the day at work and at night. The 3/5/14 utilization review denied the surgical request (as the most recent exam findings were from October 2013) and failed to meet guideline surgical indications relative to night pain, painful arc of motion, and current findings of weakness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER ARTHROSCOPY, ACROMIOPLASTY, MUMFORD PROCEDURE, AND ROTATOR CUFF REPAIR:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 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, Surgery for impingement syndrome.

**Decision rationale:** Under consideration is a request for left shoulder arthroscopy, acromioplasty, Mumford procedure, and rotator cuff repair. The California MTUS guidelines do not address rotator cuff repair for chronic injuries. The Official Disability Guidelines for rotator cuff repair of partial thickness tears and acromioplasty generally require 3 to 6 months of conservative treatment plus weak or absent abduction, painful arc of motion, night pain, rotator cuff or anterior acromial tenderness, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of rotator cuff deficit and impingement is required. Guideline criteria have been met. Subjective and clinical exam findings correlate with imaging findings of rotator cuff deficit and possible impingement. There is documentation that comprehensive conservative treatment had been tried and failed. Surgical intervention was postponed to allow for patient's work season to end. Therefore, this request for left shoulder arthroscopy, acromioplasty, Mumford procedure, and rotator cuff repair.

**UNKNOWN AMOUNT OF POST-OPERATIVE PHYSICAL THERAPY VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Under consideration is a request for an unknown amount of post-operative physical therapy visits. The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair/acromioplasty 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. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, this request is for an unknown amount of treatment which is not consistent with guidelines. Therefore, this request for an unknown amount of post-operative physical therapy visits is not medically necessary.