

Case Number:	CM14-0098316		
Date Assigned:	07/28/2014	Date of Injury:	10/17/2013
Decision Date:	12/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/26/2014

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 Texas. 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 52-year-old male with a reported injury on 10/17/2013. The injury reportedly occurred when he was moving a full box. The injured worker's diagnoses included a partial torn rotator cuff involving the supraspinatus and infraspinatus. The injured worker's past treatments were noted to include medications, activity modification, cortisone injections, and physical therapy. The injured worker's diagnostic testing included x-rays which were not provided for review, an MRI on 06/27/2013 which showed partial tearing of the supraspinatus and infraspinatus muscle right at its insertion to the greater tuberosity, and electrodiagnostic testing on 02/18/2014 which showed a normal EMG of the cervical spine and upper extremities and an abnormal NCV study of the upper extremities suggestive of bilateral carpal tunnel syndrome. No surgical history was provided. The injured worker was evaluated on 06/11/2014 for complaints of left shoulder pain increased with activity. He reported that the pain would wake him up at night and limited his capacity to use the arm. He described the pain as constant, varying in severity. The clinician observed and reported tenderness to the subacromial area of the left shoulder. The area of tenderness was increased with flexion beyond 60 to 120 degrees. There was no tenderness over the bicipital tendon and no increasing tenderness with resistance to biceps functioning. There was weakness to the arm when it was held forward flexed at 90 degrees and internally rotated, indicating tearing of the supraspinatus tendon. He also had increased weakness with resistance to external rotation of the arm when held in an independent position. The impingement sign was positive. Anterior drawer, apprehension sign, belly press, lift off, and posterior drawer tests were all negative. The treatment plan included rotator cuff repair. The injured worker's medication list was not provided. The requests are for physical therapy 2 times a week for 10 to 12 weeks and all DME. The rationale for the request was that

the patient would require physiotherapy after the rotator cuff repair. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 10 to 12 weeks: Upheld

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 request for physical therapy 2 times a week for 10 to 12 weeks is not medically necessary. The injured worker was to undergo an undated rotator cuff repair. The California MTUS Postsurgical Treatment Guidelines recommend 24 to 30 visits of postsurgical physical medicine dependent on whether the procedure is arthroscopic or open. It is usual and customary that half of the visits would be approved with the other half dependent on the outcome of the physical medicine such as increased function and decreased pain. An appropriate modification of this request was approved for 12 visits of physical therapy at 2 times a week for 6 weeks, which met the guideline recommendations. Therefore, the request for physical therapy 2 times a week for 10 to 12 weeks is not medically necessary.

All DME: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204.

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

Decision rationale: The request for all DME is not medically necessary. The injured worker was planning a repair of the rotator cuff. The California MTUS ACOEM Guidelines recommend the use of a sling for an acute rotator cuff tear for 1 to 2 days. A previous utilization review modified the request to certify a left shoulder sling which falls within the guideline recommendations. The request does not specify any other durable medical equipment. Therefore, the request for all DME is not medically necessary.