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| <b>Case Number:</b>   | CM15-0008563 |                              |            |
| <b>Date Assigned:</b> | 01/26/2015   | <b>Date of Injury:</b>       | 11/16/2012 |
| <b>Decision Date:</b> | 03/31/2015   | <b>UR Denial Date:</b>       | 01/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Neurological Surgery

### 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 45 year old female on November 16, 2012 was carrying a tube on the right shoulder when a car passed by and the tube got stuck to the car and she was rotated around, the longitudinal axis to the right side by 180 degrees. Past medical history indicated a prior injury to her left shoulder which was under treatment. According to the PR2 of 09/25/2014 a MRI of the right shoulder on 08/20/2013 was said to show tendonopathy of supraspinatus and subscapularis tendons and moderate to advanced degenerative changes of the right AC joint. She had not worked since 05/21/2013. PR2's of 2/12/2014, 03/26/2014, and 06/16/2014 comment on the patient's pain behaviors. The PR2 of 02/05/2014 notes the challenge to determine whether there is true weakness or pain since any and all activity in the upper extremities causes pain. On 05/9/2014, the patient had a left shoulder arthroscopy. Details of what led to this are not in the documentation which is concerned about the right shoulder. According to the evaluation of 2/4/2014 a physician did not recommend surgery, but did recommend pain management. Records do not show evidence of a psychological or psychiatric evaluation. Pain was aggravated by any activity. Documentation records the injured workers chief complaint was right shoulder pain. The injured worker was diagnosed with complete rupture right rotator cuff, chronic right shoulder pain, labral tear and impingement. The injured worker was treated with steroid injections, physical therapy, pain medication, occupational therapy, home exercise program and MRI of the right shoulder. The MRI of 11/03/2014 showed low grade articular surface tearing of supraspinatus tendon involving less than 30% of the tendon thickness and intrasubstance tearing of infraspinatus as well as labral tear and moderate AC joint arthritis. On December 30, 2014, the

primary treating physician requested arthroscopic right shoulder surgery with rotator cuff repair, decompression of the subacromial space with partial acromioplasty, repair of slap lesion with debridement, postoperative cold therapy unit, physical therapy evaluation and 24 sessions for therapeutic exercises.

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

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

#### **Arthroscopy of the Right Shoulder/Rotator Cuff Repair: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 86, 87.

**Decision rationale:** The California MTUS guidelines point out the importance of considering behavioral warning signs. Illness behavior and inconsistent symptoms are manifest in this patient's records. No evidence of psychological assessment is apparent. Indeed one physician is recorded as stating he did not think the patient is a surgical candidate. Therefore, the requested treatment: Arthroscopy of the right shoulder/rotator cuff repair is not medically necessary and appropriate.

#### **Arthroscopy of the Right Shoulder/Decompression of Subacromial Space with Partial Acromioplasty: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

#### **Arthroscopy of the Right Shoulder/Repair of SLAP Lesion: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Arthroscopy of the Right Shoulder/Debridement:**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the requested treatment: Arthroscopy of the right shoulder/rotator cuff repair is not medically necessary and appropriate, the requested treatment arthroscopy of the right shoulder/debridement is not medically necessary and appropriate.

**Post-Operative Cold Therapy Unit: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Physical Therapy Evaluation: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Therapeutic Exercises (24-sessions to develop strength and endurance):**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the requested treatment: Arthroscopy of the right shoulder/rotator cuff repair is not medically necessary and appropriate, the requested treatment Post-operative physical therapeutic exercises to develop strength and endurance, quantity of 24 is not medically necessary and appropriate.

**Post-Surgical Neuromuscular Re-Education of Movement (24 sessions): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-Operative Manual Therapy Techniques (24 sessions):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.