

Case Number:	CM15-0162194		
Date Assigned:	08/28/2015	Date of Injury:	04/29/2014
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 female who sustained an industrial injury on 4-29-14. She had complaints of right shoulder pain was diagnosed with a massive supraspinatus tendon tear that required surgical repair. Progress report dated 6-18-15 reports continued complaints of right shoulder pain and stiffness. Diagnoses include: right shoulder adhesive capsulitis, right shoulder possible rotator cuff re-tear, os acromiale, asymptomatic and numbness in the superficial radial nerve distribution postoperative. Plan of care includes: discussed the risks, benefits and alternatives of right shoulder arthroscopy with manipulation under anesthesia, arthroscopic lysis of adhesions, possible rotator cuff repair, possible open repair, possible superior capsular reconstruction with allograft and possible allograft augmentation of her rotator cuff repair. Will proceed with surgery once authorized. Work status: no use of right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy 2x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Associated Surgical Services: Physical therapy two times per week times 12 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right shoulder adhesive capsulitis; right shoulder possible rotator cuff tear; Os acromiale, asymptomatic; and numbness in the superficial radial nerve distribution postoperatively, etiology unclear. Date of injury is April 29, 2015. Request for authorization is July 30, 2015. According to a progress note dated July 30, 2015, the injured worker sustained a massive supraspinatus tendon tear. On September 20, 2014, the injured worker underwent right shoulder repair of the supraspinatus and infraspinatus tendons with biceps tendon tenodesis. According to a March 20, 2015 progress note, the injured worker had multiple rounds of physical therapy. There were no physical therapy progress notes in the medical record. The total number of physical therapy sessions was not specified in the medical record. There was no documentation demonstrating objective functional improvement or failure of physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Right shoulder arthroscopy with rotator cuff repair, lysis of adhesions (infra) is not clinically indicated based on the Official Disability Guidelines recommendations. The surgical procedure is not recommended and, as a result, physical therapy two times per week times 12 weeks is not medically necessary. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guidelines indicate right shoulder arthroscopy with lysis of adhesions is under study and a request for an excessive number (24 total) of physical therapy sessions, Associated Surgical Services: Physical therapy two times per week times 12 weeks is not medically necessary.

Right shoulder arthroscopy with rotator cuff repair, lysis of adhesions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California Guidelines Plus Web Based Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Surgery for adhesive capsulitis.

Decision rationale: Pursuant to the Official Disability Guidelines, right shoulder arthroscopy with rotator cuff repair, lysis of adhesions is not medically necessary. Surgery for adhesive capsulitis is under study. The clinical course of this condition is considered self-limiting and conservative treatment (physical therapy and non-steroidal anti-inflammatory drugs) is a good long-term treatment regimen for its use of capsulitis, but there is some evidence to support arthroscopic release of adhesions for cases failing conservative treatment. In this case, the

injured worker's working diagnoses are right shoulder adhesive capsulitis; right shoulder possible rotator cuff tear; Os acromiale, asymptomatic; and numbness in the superficial radial nerve distribution postoperatively, etiology unclear. Date of injury is April 29, 2015. Request for authorization is July 30, 2015. According to a progress note dated July 30, 2015, the injured worker sustained a massive supraspinatus tendon tear. On September 20, 2014, the injured worker underwent right shoulder repair of the supraspinatus and infraspinatus tendons with biceps tendon tenodesis. According to a March 20, 2015 progress note, the injured worker had multiple rounds of physical therapy. There were no physical therapy progress notes in the medical record. The total number of physical therapy sessions was not specified in the medical record. There was no documentation demonstrating objective functional improvement or failure of physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Right shoulder arthroscopy with rotator cuff repair, lysis of adhesions (infra) is not clinically indicated based on the Official Disability Guidelines recommendations. The surgical procedure is not recommended. Surgery for adhesive capsulitis is under study. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guidelines, and guidelines stating right shoulder arthroscopy with lysis of adhesions is under study, right shoulder arthroscopy with rotator cuff repair, lysis of adhesions is not medically necessary.