

<b>Case Number:</b>	CM15-0020546		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old male who sustained a work related injury on October 18, 2013, incurring injuries to his right shoulder. Diagnoses included a complete rupture of the rotator cuff and impingement syndrome of the left shoulder. Treatment included massage, physical therapy and pain medications. In April, 2014, he underwent a repair of the rotator cuff on the right shoulder. Currently, the injured worker complains of recurrent pain in the right shoulder, weakness and limited movement. MRI performed revealed tendinitis with no definite tear. On February 2, 2015, requests for a rotator cuff repair, 18 sessions of physical therapy postoperative and a cold therapy unit, post surgical were non-certified by Utilization Review, noting California MTUS and ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rotator cuff repair, right:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 214.

**Decision rationale:** The proposed rotator cuff repair surgery is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, rotator cuff repair surgery is deemed recommended after a firm diagnosis is made and rehabilitation efforts have failed. Here, the applicant has ongoing complaints of shoulder pain. MRI imaging of December 19, 2014 was notable for a partial-thickness infraspinatus tendon tear. The applicant's primary treating provider and shoulder surgeon also have contended that the applicant may have an occult supraspinatus insult. The applicant has apparently failed time, medications, physical therapy, earlier operative and non-operative treatment, etc. Moving forward with the proposed rotator cuff repair procedure, thus, is indicated here. Therefore, the request is medically necessary.

**physical therapy, 18 visits, post-surgical:** 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.

**Decision rationale:** While the MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of postoperative physical therapy following planned shoulder surgery for rotator cuff syndrome/impingement syndrome, as is present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.a.2 to the effect that an initial course of postoperative physical therapy represents one-half of the general course of therapy. One-half of 24 treatments, thus, represents 12 sessions. The request for 18 sessions of initial postoperative physical therapy, thus, represents treatment in excess of MTUS parameters. Therefore, the request is not medically necessary.

**Cold therapy unit, post-surgical:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation ODG shoulder continuous flow cryotherapy topic

**Decision rationale:** This is a derivative or companion request, one which accompanies the primary request for shoulder surgery. The MTUS does not address the topic. However, ODG's shoulder chapter, continuous-flow cryotherapy does acknowledge that continuous-flow cryotherapy is recommended postoperatively for up to seven days following shoulder surgery. Here, the shoulder surgery in question has been approved above, question #1. Therefore, the derivative companion request for postsurgical cold therapy unit was/is medically necessary.