

Case Number:	CM14-0219158		
Date Assigned:	01/09/2015	Date of Injury:	08/17/2009
Decision Date:	03/10/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 42 year old male, who sustained an industrial injury on 8/17/2009, when he left a trailer and his left shoulder popped. Primary Treating Progress Note for 11/17/2014 noted that the injured worker continued to have low back, left shoulder and left flank/rib pain. He used naproxen for inflammation, flexeril for acute flare ups of muscle spasms, gabapentin for neuropathic pain and ms contin for chronic pain. Left shoulder range of motion 110 degrees with abduction and flexion, unable to get hand behind low back or behind head and strength was 5-/5. The injured worker was seen by Orthopedic Specialist 11/13/2014 for complains of left shoulder pain, stiffness, locking and popping. The injured worker reports overhead activities makes the symptoms worse and he has worsening anterior and superior and it radiates posterior and increases with movement. He reports the pain is constant sharp and stabbing and has occasional numbness and tingling in the left hand. The injured worker was prescribed morphine for his back which also gives relief from the shoulder and takes an anti-inflammatories. The injured worker denies any PT or injection. Examination showed that he had left shoulder tenderness, crepitus, and cervical range of motion normal with negative spurlings compress and decreased sensation in digits of left upper extremity. The documentation noted that he was seeing a chiropractic but stopped as it was causing more pain. X-rays were normal and showed a type 2 acromion. The documentation noted that an upright Magnetic Resonance Imaging (MRI) from 1/20/14 with an impression of full thickness cuff tear, however the doctor was unable to review the Magnetic Resonance Imaging (MRI) due to technological difficulties, but felt the exam suggested a rotator cuff tear. The documentation noted that the injured workers

claustrophobia prevents him from getting a traditional Magnetic Resonance Imaging (MRI). The documentation noted that the injured worker muscle atrophy and his neck and back injuries may complicate treatment of the shoulder and that he waited 5 years before seeking treatment that his recovery will likely take an extended time and it was unlikely to recover full functionality of the left shoulder. There were five utilization review performed on 12/3/2014 for Post-op Physical Therapy 2 times a week 6 weeks left shoulder, Outpatient Left Shoulder Arthroscopy Rotator Cuff Repair, Pre-op Labs/electrocardiogram (EKG), Post-op Follow Up Visit and a Remedy Sling. Outpatient left shoulder arthroscopy rotator cuff repair was denied for medical necessity based on the CA MTUS ACOEM, OMPG, Second Edition (2004), Chapter 9, page 210 and the ODG Indications for Surgery-Rotator cuff repair. Pre-op Labs/electrocardiogram (EKG) was found to not support the medical necessity due to the requested surgical procedure was deemed not medically necessary. The Official Disability Guidelines and ODG Treatment in Workers Comp, 2014, Low Back Chapter-Preoperative electrocardiogram, Preoperative Lab Testing was used. Post-op Physical Therapy 2 times a week 6 weeks left shoulder did not support the medical necessity due to the requested surgical procedure was deemed not medically necessary. CA MTUS: 2009, Post-Surgical Rehabilitation Shoulder were used. Post-op Follow up Visit did not support the medical necessity due to the requested surgical procedure was deemed not medically necessary. The ODG (19th annual edition) and ODG Treatment in Workers Comp (12th annual edition), 2014, Shoulder Chapter-Office Visits were used. Remedy Sling did not support the medical necessity due to the requested surgical procedure was deemed not medically necessary. The ODG (19th annual edition) and ODG Treatment in Workers Comp (12th annual edition), 2014, Shoulder Chapter-Office Visits were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 2 times a week 6 weeks left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. MTUS post surgical guidelines for physical therapy state; Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks*Postsurgical physical medicine treatment period: 6 months Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks*Postsurgical physical medicine treatment period: 6 months The medical record provided notes that the surgical procedure requested to precede this request for therapy was non-certified. However, this request is only for the medical necessity of post-op PT

following rotator cuff surgery. Taken as a single request 12 visits over 6 weeks is appropriate initial therapy per the above cited guidelines. I cannot speak to the decision regarding the surgical procedure and am limited to commenting on the medical need of physical therapy following rotator cuff repair. The guidelines are clear on the appropriate number of physical therapy visits following this type of surgery; as such the request for post-op physical therapy 2x 6 weeks is deemed medically necessary and i am reversing the prior decision.