

<b>Case Number:</b>	CM15-0014958		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 46-year-old female with a date of injury of 3/1/2013. Per AME of 6/16/2014 she was complaining of neck pain with radiation to both upper extremities, right and left shoulder pain, right and left wrist/hand pain and lumbosacral pain with sciatica. In addition to pain she also reported paresthesias and numbness in both upper extremities. Per AME report, MRI scan of 5/24/2013 revealed a SLAP deformity of the glenoid labrum indicative of a tear with tendinosis of the rotator cuff and partial tear and mild impingement syndrome in the right shoulder. Physical examination revealed near full range of motion of the shoulder with pain at the extremes of motion. Impingement testing was positive. There was no atrophy noted. MRI scan of the left shoulder dated 10/21/2013 revealed a partial tear of the rotator cuff with edema and tendinosis, moderate impingement, and fluid in the glenohumeral joint space and subdeltoid space. Physical examination of the left shoulder reveals subacromial tenderness to palpation. Impingement testing was positive. There was no atrophy. There was no instability. The drop arm test was negative. Range of motion was near normal with pain at the extremes of motion. Utilization review noncertified the request for surgery as there was no recent physical examination documented, the MRI report of the left shoulder was not submitted and documentation of recent conservative treatment for the left shoulder was not submitted. As such, the guidelines criteria had not been met. California MTUS guidelines were cited. An associated request for postoperative physical therapy was also noncertified. This is now appealed to an independent medical review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Physical therapy 3 times a week for 8 weeks for the bilateral shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, the associated postsurgical physical therapy for the left shoulder is also not medically necessary. With regard to the right shoulder, in the absence of a recent shoulder examination and documentation of recent treatment, the request for physical therapy 3 times a week for 8 weeks is not supported. Chronic pain guidelines indicate fading of treatments with transition to a supervised home exercise program. As such, the medical necessity for the requested 24 visits of physical therapy for both shoulders is not medically necessary.

**Left shoulder decompression, assessment of rotator cuff and possible repair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 210, 211, 213.

**Decision rationale:** With regard to the request for left shoulder decompression, assessment of the rotator cuff, and possible repair, the guidelines criteria have not been met. There is no recent physical examination documenting impingement. There is no recent MRI scan report documenting impingement or a rotator cuff tear and need for surgical repair. There is no documentation of a comprehensive non-operative physical rehabilitation program with injections and exercises over a period of 3-6 months as indicated by guidelines for impingement syndrome. California MTUS guidelines indicate referral for surgical consultation may be indicated for patients who have activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. The surgery for impingement syndrome is usually arthroscopic decompression. This is not indicated for patients with mild symptoms are those who have no activity limitations. Conservative care including cortisone injections can be carried out for at least 3-6 months before considering surgery. The available documentation does not indicate presence of a full-thickness rotator cuff tear. Near full range of motion was documented at the time of the AME and no subsequent physical

examination has been submitted. There is no documentation of conservative care with exercises and corticosteroid injections for 3-6 months. As such, the request for arthroscopy of the left shoulder with subacromial decompression and possible rotator cuff repair is not medically necessary.