

Case Number:	CM15-0018822		
Date Assigned:	02/06/2015	Date of Injury:	06/13/2014
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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 49-year-old female, with a reported date of injury of 06/13/2014. The diagnoses include left rotator cuff rupture and left shoulder pain. Treatments have included physical therapy, an MRI of the left shoulder on 11/11/2014, and an x-ray of the left shoulder on 06/16/2014. The office visit note dated 12/10/2014 indicates that the injured worker complained of left shoulder pain. An examination of the left shoulder showed no swelling, tenderness to palpation anteriorly about the long head of the biceps tendon, some tenderness superiorly at the acromioclavicular joint, and no gross distal neurovascular deficits. It was noted that there was left shoulder pain secondary to a rotator cuff tear. The treating physician requested left shoulder arthroscopy with rotator cuff repair and initial 12 post-operative physical therapy sessions. On 01/21/2015, Utilization Review (UR) denied the request for left shoulder arthroscopy with rotator cuff repair and initial 12 post-operative physical therapy sessions, 1-2 times a week for the left shoulder. The UR physician noted that there was insufficient information on the recent conservative treatment of the left shoulder and the use of oral and injectable medications and their outcomes. The UR physician also noted that since the surgery had not been certified, the associated physical therapy is not medically necessary. The ACOEM Guidelines and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with rotator cuff repair: Overturned

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

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

Decision rationale: The California MTUS guidelines indicate surgical considerations or 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. Partial-thickness tears and small full-thickness tears present primarily as impingement. Surgery is then indicated in cases that fail conservative therapy for 3 months. The injured worker has evidence of a full-thickness tear which is not displaced and has been treated conservatively since June 2014. Documentation indicates she attended physical therapy in June and July and again in November and December 2014. However, she continues to experience pain and limitation of motion. There has been a trial and failure of conservative treatment and the injured worker meets the guideline requirement for surgery at this time. The requested procedure of arthroscopy with subacromial decompression and rotator cuff repair is supported by guidelines and as such, the medical necessity of the request is substantiated. The utilization review denial was based upon insufficient information with regard to the conservative treatment. The information has now been provided and the guideline requirements have been met.

Initial Post-operative Physical Therapy 1-2 x 4-6 times a week, left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS postsurgical treatment guidelines recommend 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The postsurgical physical medicine treatment period is 6 months. The guidelines indicate an initial course of therapy of 12 visits and then with documentation of objective functional improvement a subsequent course of therapy of 12 visits may be prescribed. The request as stated is for an initial course of therapy of 12 visits, which is appropriate and medically necessary.