

Case Number:	CM15-0117807		
Date Assigned:	06/26/2015	Date of Injury:	05/10/2014
Decision Date:	09/09/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 5/10/14. She has reported initial complaints of a slip and fall injury and her legs split and she fell on her buttocks. The diagnoses have included left shoulder partial rotator cuff tear, biceps tenosynovitis, left shoulder bursitis, left shoulder sprain, lumbar sprain, chest wall muscle strain and headache. Treatment to date has included medications, diagnostics, physical therapy, and chiropractic sessions. As per the physician progress note agreed medical evaluation dated 12/9/14, the injured worker complains of constant and very sharp left shoulder pain. She reports that the pain level is very high at times. She reports weakness in the left shoulder and avoids putting any pressure on her left shoulder. She also reports problems with sleep due to pain. The physical exam of the left shoulder reveals that she is very hesitant with the left shoulder range at 90 degrees for both abduction and flexion. Passively, the left shoulder abduction and flexion were probably closer to 75 percent of expected, but difficult to assess because of pain complaints. The current pain medications included Naproxen and Cyclobenzaprine. There is no previous diagnostic reports noted in the records and no previous physical therapy sessions were noted. The physician requested treatments included Left Shoulder Arthroscopy with Assistant, Assistant Surgeon, Post-operative Physical Therapy, 12 sessions, Left Shoulder, Post-operative Cold therapy Unit, 10 day rental and Pre-operative appointment, Lab work, EKG (electrocardiogram).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Arthroscopy with Assistant: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter - Diagnostic arthroscopy of the shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: According to ACOEM Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial-thickness or smaller full thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. The injured worker has been noted to fail conservative measures including Chiropractic and Physical therapy visits. She continues to have pain, and limited range of motion of the shoulder affecting her ability to work. Arthroscopic surgery would be considered medically necessary.

Assistant Surgeon: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: According to ACOEM Rotator cuff repair is indicated for significant tears that impair activities by causing weakness of arm elevation or rotation, particularly acutely in younger workers. Rotator cuff tears are frequently partial-thickness or smaller full thickness tears. For partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. The injured worker has been noted to fail conservative measures including Chiropractic and Physical therapy visits. She continues to have pain, and limited range of motion of the shoulder affecting her ability to work. Arthroscopic surgery would be indicated in this clinical situation. An assistant to the surgeon would also, as such, be medically indicated in this situation.

Post-operative Physical Therapy, 12 sessions, Left Shoulder: Overturned

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: According to the MTUS Post-surgical guidelines, post-surgical physical therapy for rotator cuff impingement syndrome is 24 visits over 14 weeks. The initial course of therapy is one half of the general course of therapy. In this situation, 12 post-surgical physical

therapy visits would be considered medically appropriate, with re-evaluation following surgery. The injured worker has a diagnosis of partial (not complete) rotator cuff tear failing conservative measures, and arthroscopic repair would be appropriate followed by post-surgical rehabilitation.

Post-operative Cold therapy Unit, 10 day rental: Upheld

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 Official Disability Guidelines (ODG) Continuous Flow Cryotherapy.

Decision rationale: According to the ODG, continuous flow cryotherapy is an option post-surgery for up to 7 days as a rental. The request for 10-days rental of cryotherapy is not supported based on the applicable guidelines.

Pre-operative appointment, Lab work, EKG (electrocardiogram): Upheld

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 Official Disability Guidelines (ODG) Preoperative Lab Work, Electrocardiogram.

Decision rationale: According to the ODG, pre-operative lab work is indicated if there are findings on history and physical examination before surgery that would warrant testing. In the younger individuals without significant medical co-morbid conditions such as coronary artery disease, diabetes mellitus, or heart failure, pre-operative EKG is also not indicated. Routine pre-operative clearance for a low-risk procedure in a healthy individual is not recommended. Routine pre-operative electrocardiograms for low risk procedures are also not recommended. As a result, the request for pre-operative lab work and EKG is not medically necessary at this time.