

Case Number:	CM15-0170079		
Date Assigned:	09/10/2015	Date of Injury:	12/27/2011
Decision Date:	10/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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, Oregon, Washington
 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 52 year old male, who sustained an industrial injury on 12-27-11. Initial complains of right shoulder pain after dislocating in an industrial injury. The injured worker was diagnosed as having right shoulder pain; status post right shoulder dislocation; rotator cuff syndrome NOS; cervical spine spondylosis. Treatment to date has included physical therapy; medications. Diagnostics included a MRI of the right shoulder (7-1-15). Currently, the PR-2 notes dated 7-22-15 indicated the injured worker complains of right shoulder pain. The provider notes the injured worker wears a sling regularly and uses a wheelchair for long distances and a cane in the house due to the same injury. He was seen in the emergency room and followed-up with this provider on 6-11-15 for a dislocated and closed reduction of his right shoulder. The right shoulder was injected at the subacromial space on 6-11-15 and gave him a few days of reduced pain but it has come back as before. He currently is complaining of severe sharp right shoulder pain that is worse with movement. His medications are listed as Norco and Valproic Acid. On physical examination, the provider documents no deformity, ecchymosis or significant swelling. There is no tenderness to palpation in the bicipital groove or over the AC joint. His range of motion for forward flexion is 60 degrees, abduction 60 degrees and internal rotation 80 degrees, external rotation 20 degrees. He has a negative apprehension testing. Neurologically sensation is intact distally. He has a positive Hawkin's and Neer's test and negative O'Brien's, Peel-Off and AC cross body compression testing. The provider notes imaging of the right shoulder AP, lateral and auxiliary views were ordered, obtained and interpreted on this day and reveal moderate arthritic changes and AC joint narrowing. He reports an MRI of the right

shoulder dated 7-1-15 biceps tearing, high-grade articular supraspinatus tearing, and avulsion of greater tuberosity. The plan and impression notes right shoulder pain and status post dislocation along with cervical spondylosis. He notes the injured worker has seen prior surgeons who would not treat him. He has a provider for pain management. He would be his secondary provider but not for pain management or disability or work status. He also documents the injured worker has significant neck pain and Spurling and should be referred to a neck surgeon. He has recommended the right shoulder surgery as requested due to his failure with injections and physical therapy to relieve his pain. A Request for Authorization is dated 8-28-15. A Utilization Review letter is dated 7-29-15 and non-certification was for pre-op physical therapy x 4 sessions per the Chronic Pain Medical Treatment Guidelines as the injured worker has failed physical therapy and has a home pulley system at home presently for use and medical necessity is not established. Utilization Review did however, authorize the right shoulder arthroscopic rotator cuff repair and distal clavicle excision; surgical assistant; cold therapy rental for 7 days ; medical clearance labs, CBC, Chem 7, urinalysis and an EKG; sling and 12 postoperative physical therapy visits. Therefore, their decision is considered modified. The provider is requesting authorization of the pre-op physical therapy x 4 sessions. Per Utilization Review teleconference on 7-28-15 with the provider of services, the provider explained that if the injured worker's "muscles were too tight pre-op, he will have a much tougher time getting his motion back after surgery." The injured worker "would benefit from a few sessions of pre-op physical therapy to get set up on a home exercise program." The provider also notes the injured worker will be using a shoulder pulley at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op physical therapy x 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Acromioclavicular joint dislocation (ICD9 831.04): AC separation, type III+: 8 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9): Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 6 months Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0): Postsurgical treatment: 20 visits over 10 weeks. Postsurgical physical medicine treatment period: 6 months complete rupture of rotator cuff (ICD9 727.61; 727.6): Postsurgical treatment: 40 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months Dislocation of shoulder (ICD9 831): Postsurgical treatment (Bankart): 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months

Fracture of humerus (ICD9 812): Postsurgical treatment: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months 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 Postsurgical treatment, open: 30 visits over 18 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 guidelines recommend 'initial course of therapy' to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case there is no indication for preoperative physical therapy per MTUS guidelines. Therefore the determination is for non-certification and therefore is not medically necessary.