

Case Number:	CM15-0040229		
Date Assigned:	03/10/2015	Date of Injury:	12/13/2012
Decision Date:	05/11/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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
 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 37-year-old female, who sustained an industrial injury on December 13, 2012. The injured worker had reported an injury to multiple body parts including the right shoulder. The diagnoses have included right shoulder impingement and status post rotator cuff repair right shoulder. Treatment to date has included medications, radiological studies, physical therapy, sling, cortisone injections, a transcutaneous electrical nerve stimulation unit, home exercise program and right shoulder surgery. Current documentation dated January 12, 2015 notes that the injured worker was status post attempted rotator cuff repair and had received post-operative physical therapy. Physical examination revealed a painful and decreased range of motion. The treating physician noted that the injured worker was making slow progress in physical therapy. However, the current physical therapy facility did not have the experience in being able to do what was necessary for the injured worker. The treating physician recommended additional physical therapy sessions at another facility. The treating physician's plan of care included a request for a right rotator cuff repair and continued physical therapy # 12 to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Rotator Cuff Repair: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgery for Rotator Cuff Repair.

Decision rationale: According to the CA MTUS/ACOEM Shoulder Chapter, page 209-210, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition, the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally, there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case, the submitted notes from 1/12/15 do not demonstrate 4 months of failure of activity modification or recent imaging demonstrating a rotator cuff tear. The physical exam from 1/12/15 does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore, the determination is for non-certification for the requested procedure. The treatment is not medically necessary.

Continue Physical Therapy 2 times a week for 6 weeks for the Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of post-surgical treatment visits allowable are: 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. In this case the exam note from 1/12/15 does not demonstrate how many visits have been performed post-operatively. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore, the determination is for non-certification. The treatment is not medically necessary.