

<b>Case Number:</b>	CM15-0069658		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	03/31/2014
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Illinois, California, Texas  
 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 41-year-old male, who sustained an industrial injury on 3/31/14. Injury was reported while driving a post. Records documented a calculated body mass index of 35.1 and current smoking status. Past medical history was otherwise negative. He underwent right shoulder arthroscopy with arthroscopic rotator cuff repair, extensive glenohumeral debridement, synovectomy, partial labral resection, coracoacromial ligament release, and subacromial decompression on 9/19/14. He failed to progress in post-operative rehab. The 3/10/15 right shoulder MRI documented a complete tear of the supraspinatus tendon with tendon retraction. The 3/18/15 treating physician report cited persistent right shoulder pain precluding return to work. Right shoulder exam documented range of motion as abduction 60, flexion 80, external rotation 45, internal rotation 0, adduction 15, and extension 15 degrees. There was tenderness over the anterior, lateral and posterior shoulder girdle. Hawkin's, O'Brien's, and Speed's tests were positive. There was imaging evidence of a full thickness supraspinatus tendon tear with retraction. The treatment plan recommended right shoulder arthroscopy with rotator cuff repair. Additional requests included physical therapy x 24 visits and pre-operative EKG. The 3/27/15 utilization review certified a request for right shoulder arthroscopy with rotator cuff repair and pre-operative complete blood count and metabolic panel. The request for 24 post-op physical therapy session was modified to a certification of 12 initial post-op physical therapy sessions consistent with Post-Surgical Treatment Guidelines. The request for one pre-operative EKG

was non-certified as the injured worker had no documented history of heart disease, diabetes, renal insufficiency or other co-existing medical conditions that would warrant a pre-operative EKG for this procedure.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **24 Post-Op Physical Therapy Sessions: Upheld**

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

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 3/27/15 utilization review modified the request for 24 visits and allowed 12 initial post-op physical therapy visits. There is no compelling reason to support the medical necessity of initial treatment beyond guideline recommendations and the current certification. Therefore, this request is not medically necessary.

#### **Pre-Op EKG: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle-aged males with a smoking history and elevated body mass index have known occult increased risk factors for cardiovascular disease that support the medical necessity of pre-procedure EKG. Therefore, this request is medically necessary.