

<b>Case Number:</b>	CM15-0073722		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	01/14/2015
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 69-year-old male who sustained an industrial injury on 1/14/15. Injury occurred when he lost control of his motorcycle and fell, injuring the left shoulder. Left shoulder x-ray showed signs of acromioclavicular (AC) joint separation. Past surgical history was positive for left shoulder rotator cuff repair 3 years ago. The 2/26/15 left shoulder MRI documented multilevel suture anchors at the footplates of the supraspinatus and infraspinatus tendons due to previous rotator cuff repair. A portion of the supraspinatus tendon appeared to be pulled anteriorly and fixated to one of the anterior suture anchors. The remainder of the supraspinatus and the anterior half of the infraspinatus tendon were torn with medial retraction to the level near the glenohumeral joint line. There was high-grade partial-thickness subscapularis intrasubstance/delaminating tear. An empty bicipital groove was present likely due to full thickness rupture of the long head of the biceps tendon. There was mild teres minor tendinopathy. There was a glenoid labrum articular disruption with a few surrounding paraspinal labral cysts. There was a widened AC joint space, likely secondary to prior Mumford procedure. However, there was a high riding humeral head in direct contact with the undersurface of the acromion process, likely associated with the massive rotator cuff tear. The 3/30/15 treating physician report cited persistent left shoulder pain which was quite significant and woke him from sleep at night. He had difficulty with overhead activities, lifting, pushing or pulling. He also had significant left lower extremity weakness. Physical exam documented painful left shoulder range of motion within normal limits, 3+/5 rotator cuff strength, positive impingement sign, positive Hawkin's sign, and tenderness to palpation. Imaging showed evidence of a large full

thickness tear of the rotator cuff with retraction all the way to the glenohumeral joint along with a high grade partial thickness subscapularis tear. There was also evidence of glenoid labral disruption. The diagnosis was left shoulder very large rotator cuff tear with retraction. Authorization was requested for left shoulder arthroscopy subacromial decompression and rotator cuff repair, postoperative physical therapy, cold therapy unit, and a postoperative shoulder sling. The 3/10/15 utilization review non-certified the request for left shoulder arthroscopy subacromial decompression and rotator cuff repair, and associated surgical requests, as there was no evidence that the injured worker had failed physical therapy and corticosteroid injections.

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

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

**Left shoulder arthroscopy subacromial decompression and rotator cuff repair:** Overturned

**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): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Surgery for rotator cuff repair.

**Decision rationale:** The California MTUS guidelines provide general recommendations for rotator cuff repair and impingement syndrome. The Official Disability Guidelines provide specific criteria for rotator cuff repair with a diagnosis of full thickness tear and typically require clinical findings of shoulder pain and inability to elevate the arm, weakness with abduction testing, atrophy of shoulder musculature, and positive imaging evidence of rotator cuff deficit. Conservative treatment is not required for full thickness tears. Guideline criteria have been met. This injured worker presents with persistent and significant left shoulder pain that is functionally limiting. Clinical exam findings are consistent with imaging evidence of a large full thickness rotator cuff tear and retraction. Reasonable conservative treatment, including activity modification and medications have been tried and have failed. Therefore, this request is medically necessary.

**Post-op physical therapy 2 times a week times 6 weeks for left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical 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. This is the initial request for post-operative physical therapy and is consistent with guidelines. Therefore, this request is medically necessary.

**Post op cold therapy unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC), Online Edition, Chapter: Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Continuous flow cryotherapy.

**Decision rationale:** The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after shoulder surgery for up to 7 days, including home use. The use of a cold therapy unit would be reasonable for 7 days post-operatively. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request for one cold therapy unit is not medically necessary.

**Post op shoulder sling:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG-TWC Online Edition, Chapter: Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205, 213.

**Decision rationale:** The California MTUS guidelines state that the shoulder joint can be kept at rest in a sling if indicated. Slings are recommended as an option for patients with acromioclavicular separations or severe sprains. Prolonged use of a sling only for symptom control is not recommended. Guideline criteria have been met. The use of a post-operative sling is generally indicated. Therefore, this request is medically necessary.