

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/29/2013
Date of Injury:	3/3/2008
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010604

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left shoulder large PASTA repair is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **intial post-operative physical therapy for left shoulder 12 sessions is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/29/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left shoulder large PASTA repair is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **initial post-operative physical therapy for left shoulder 12 sessions is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a 46 year old male truck driver who reportedly slipped and fell on 03/13/08 and landed on his shoulder and buttocks. Diagnoses included left shoulder sprain and left shoulder degenerative joint disease (DJD). The medical records noted the claimant to be status post left shoulder surgery times three in 2008 and 2009. The records were not clear regarding a left shoulder surgery in 2011. Physician records of 2012 documented the claimant with bilateral shoulder pain with catching and locking along with complaints of anxiety/ depression. Left shoulder examination findings revealed tenderness over the rotator cuff muscle and positive impingement. Left shoulder motion was limited in flexion at 121, extension 38, abduction 96, adduction 39, internal rotation 76 and external rotation 78. X-rays of the left shoulder and humerus showed no progression of degenerative changes. Treatment recommendations included a left shoulder MRI and continued orthopedic evaluation for left shoulder. A left shoulder MR arthrogram was performed on 12/18/12; the study showed moderate rotator cuff tendinosis with more severe thinning and possible partial thickness tearing of the distal anterior supraspinatus tendon superficial and deep margins at greater tuberosity attachment. There was osseous prominence and ridging and thinning and poorly defined increased signal of the underlying anterolateral greater tuberosity, which appeared more severe and increased which might be stress related edema and remodeling. There was a small avulsion fracture with healing in a somewhat elevated position. There was undermining and longitudinal partial detachment of articular margin of superior labrum unchanged or slightly more severe. There was posterior and anterior capsular sprain and scarring with possible areas of tearing or stripping of the posterior capsular margin along the posterior glenoid rim and neck with possible leakage of contrast and fluid and edema

into the posterior soft tissues including about the infraspinatus muscles and muscle tendon junction and extending medially along the posterior scapula. There was chondral thinning and fissuring with areas to bone along the posterior superior glenoid or subchondral bone sclerosis and flattening and pitting and bone edema. Physician records of 2013 noted the claimant with constant left shoulder pain and continued left shoulder weakness. Pain when sleeping was reported. X-rays of the left shoulder showed no increased osteoarthritis .

Physician review of left shoulder MRI showed a large nearly 75% articular rotator cuff tear, near full thickness tear of the rotator cuff left shoulder. Examination findings revealed weakness of the left shoulder with external rotation. The records indicated the claimant had received appropriate non –operative treatment in the form of physical therapy; medications to include hydrocodone, diclofenac and cyclobenzaprine; injections; rest and the claimant remained disabled. A diagnostic and operative arthroscopy of the left shoulder with rotator cuff repair was recommended. A request for left shoulder large PASTA repair and post-operative physical therapy was denied on peer review 07/29/13 as the claimant had three previous left shoulder rotator cuff surgeries, there was no date of cortisone injection and no documentation of how many physical therapy visits and no documentation the claimant had conservative care over a period of 4-6 months before embarking on a fourth left shoulder surgery. The request for left shoulder arthroscopy and rotator cuff repair was denied on peer review 08/28/13 as MRI did not show evidence of a full thickness tear of the rotator cuff and there was no documentation of recent conservative treatment.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for left shoulder large PASTA repair:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS 2009:9792.23.2. Shoulder Complaints. ACOEM Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) Pages 560-561.

The Expert Reviewer based his/her decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9), pg. 210, which is a part of MTUS, and the Official Disability Guidelines (ODG) Shoulder chapter, Revision rotator cuff repair, which is not part of MTUS.

Rationale for the Decision:

The MTUS-ACOEM Guidelines state 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 most recent physician records indicate that the employee has a high grade nearly 75% articular-sided rotator cuff tear. The records further indicate that the employee has received physical therapy and medications including narcotics, muscle relaxants, and anti-inflammatories as well as injections. The guidelines indicate surgical repair of the rotator cuff may be indicated in the setting of a partial thickness tear when patients fail conservative measures. In general, patients with greater than 50% involvement at the insertion frequently require surgical treatment. Either a revision repair with a takedown of the remaining fibers or a PASTA repair would be reasonable. In the presence of the near complete tear or high grade tear that is noted, it is unlikely that the employee will improve with further conservative treatment. **The request for left shoulder large PASTA repair is medically necessary and appropriate.**

2) Regarding the request for initial post-operative physical therapy for left shoulder 12 sessions:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS 2009:9792.24.3 Post-Surgical Treatment Guidelines, Page 27.

The Expert Reviewer based his/her decision on the Post-Surgical Treatment Guidelines, Shoulder, Rotator cuff syndrome/Impingement syndrome, pg. 27, which is part of MTUS.

Rationale for the Decision:

The MTUS Post-Surgical Treatment Guidelines for Postoperative Physical Therapy for shoulder and/or Rotator cuff syndrome/Impingement syndrome recommends: For Postsurgical treatment, arthroscopic: 24 visits over 14 weeks, Postsurgical physical medicine treatment period: 6 months, and For Postsurgical treatment, open: 30 visits over 18 weeks, Postsurgical physical medicine treatment period: 6 months. In this case, twelve sessions of therapy would be reasonable following the operation and would be consistent with both the standard treatment for this type of surgery as well as guidelines. **The request for initial postoperative physical therapy for left shoulder 12 sessions is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.