

Case Number:	CM13-0050554		
Date Assigned:	12/27/2013	Date of Injury:	08/21/2011
Decision Date:	05/15/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/14/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year-old male who was injured on 08/21/2011. The mechanism of injury is unknown. Prior treatment history has included therapy. The patient underwent left shoulder recurrent rotator cuff repair. He underwent a left shoulder rotator cuff repair and Mumford procedure on 12/07/2011. Diagnostic studies reviewed include Left shoulder arthroscopy shavings performed on 04/25/2013 revealed benign bone and reactive synovium and soft tissue with suture material. AC joints, bilateral with or without weight performed on 04/23/2013 revealed stable chronic findings including postoperative changes in the AC joint. There is no evidence of acute injury or dislocation. X-ray of left shoulder, complete 2 views, performed on 03/08/2013 revealed postoperative changes. There are no acute fractures or dislocations. There are no periarticular soft tissue calcifications. Orthopedic note dated 11/01/2013 indicated the patient was in the office today for follow-up of his left shoulder repair of a recurrent rotator cuff tear. There was a large tear. The patient is doing well. His therapy recently stopped and he still has stiffness and pain. The patient still has pain with overhead activity and mild crepitus with range of motion of his shoulder. The patient has range of motion forward flexion of 170 degrees, abduction 165, external rotation 50, internal rotation to T12; 5/5 rotator cuff strength. There is mild crepitus with range of motion; negative impingement sign; normal lift off sign. He does have pain with range of motion but this is mild. The patient is now 6 months postop. We have requested more therapy to help with strengthening and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY FOR THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This is a request for additional therapy for left shoulder large, partial rotator cuff tear, which was surgically repaired on 4/25/14. The patient completed at least 24 visits post-operatively with good result. The last exam notes mention mildly painful and decreased L shoulder ROM and 5/5 rotator cuff strength. Guidelines recommend 24 post-operative physical therapy visits over a treatment period of 6 months. History and physical examination findings do not support additional physical therapy in excess of guidelines recommendations. The patient should be able to transfer to a home exercise program at this point. Additional physical therapy is non-certified.