

Case Number:	CM13-0058223		
Date Assigned:	12/30/2013	Date of Injury:	03/20/2006
Decision Date:	05/06/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/26/2013

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, Colorado, Michigan, Pennsylvania, and Texas. 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 70 year-old male who was injured on 03/20/2006. The mechanism of injury is unknown. Prior treatment history has included 5 pre-surgical intervention physical therapy sessions and 12 sessions of post-surgical intervention physical therapy. The patient underwent diagnostic and operative arthroscopy of the left shoulder on 07/25/2013. Diagnostic studies reviewed include MRI of the right shoulder without contrast performed on 01/24/2013 revealed 1) Postsurgical changes are present, related to previous subacromial decompression. The acromioclavicular joint is widened and communicates with the subacromial/subdeltoid bursa. 2) Heterogeneous signal intensity is present in the supraspinatus and infraspinatus tendons without a discrete anchor identified within the humeral head. The heterogeneous signal intensity could be related to previous repair of these two tendons. If the patient's previous surgery only involved subacromial decompression without rotator cuff tendon repair, the heterogeneous appearance is consistent with tendinosis and degenerative fraying. No full thickness tear is identified in either of these two tendons. A slightly more focal area of low signal intensity is present at the distal attachment of the infraspinatus tendon, which could be post-surgical, or could represent focal calcification. Correlation with x-ray suggested. 3) A 3-4 mm focal area of high signal intensity at the caudal distal aspect of the subscapularis tendon suggests a small focal tear, although this is not well seen on corresponding transverse images. MRI of the left shoulder without contrast performed on 01/24/2013 revealed 1) no full thickness rotator cuff tendon tear is identified. There is a small articular surface partial thickness tear at the junction of the supraspinatus and infraspinatus tendon. 2) Acromioclavicular joint arthropathy is present, including inferiorly projecting osteophytes, which could predispose this patient to impingement. 3) A small area of abnormal signal intensity extends laterally in the superior labrum, consistent with a small superior labral tear. The full anterior and posterior extent is difficult to determine. 4) Mild

subacromial/subdeltoid bursitis PR2 dated 11/05/2013 documented the patient to have complaints of shoulder soreness from surgery. Right shoulder interferes with sleep. Objective findings on exam revealed no acute neuro changes. There is no gross instability. Bilateral shoulders are full and symmetrical on range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY 3XWK X 6WKS LEFT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER CHAPTER, ROTATOR CUFF

Decision rationale: This is a 70 year-old male with arthroscopic shoulder surgery and has completed 12 Post Operative (PO) Physical Therapy (PT), the request is for 18 PT sessions. However based upon age, a trial of 6 PO PT sessions with an active Home Exercise Program (HEP) is medically reasonable. Any continued PT will require a report indicating objective functional improvement and compliance with an active HEP. I am modifying this request for 18 PT sessions to a trial of 6 sessions as meeting the ODG guidelines.