

Case Number:	CM13-0065660		
Date Assigned:	01/03/2014	Date of Injury:	03/10/2012
Decision Date:	05/23/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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 29-year-old female who was injured on 03/10/2012 while doing repetitive movements in her job resulting in pain in both shoulders. Prior treatment history has included 24 sessions of physical therapy to the right shoulder post rotator cuff repair. On 11/13/2012 the patient underwent left shoulder arthroscopy, rotator cuff repair and bursectomy of subacromial space. On 08/27/2013 the patient underwent right shoulder arthroscopy with rotator cuff repair, bursectomy of subacromial space and subacromial decompression Diagnostic studies reviewed include: MRI of the left shoulder dated 04/09/2012 revealing the following impression: 1. Arthritic subchondral cysts on the lateral and posterolateral humeral head. 2. Small focus full thickness tear of the lateral supraspinatus involving an area that measures 8 x 3 mm in size. 3. Substantial amount of fluid is seen in the subacromial subdeltoid bursa. 4. There is also suggestion of bursal surface fiber fraying of the bursal surface of the supraspinatus at the subacromial level. Arthrogram of the right shoulder dated 10/15/2012: 1. Degenerative changes of the acromioclavicular joint. 2. Supraspinatus tendinosis. More focally, there is a full thickness tear of the mid portion of the supraspinatus tendon at its insertion, with nearly 1 cm of tendon retraction. The full thickness tear involves nearly 20-30% of its footprint. There is also partial thickness tear of the posterior leading edge of the supraspinatus at its insertion, extending for nearly 2 cm. There is extension of the intrarticular contrast into the subacromial/subdeltoid bursa, related to the full thickness rotator cuff tear. 3. Signal alteration of the anterior superior labrum extending posteriorly worrisome for SLAP lesion. Progress note dated 12/18/2013 documented the patient reporting no pain on the left side with continued pain on the right side. She has not had recent physical therapy. Objective findings on exam revealed examination of the left shoulder with full active and passive range of motion. Examination of the right shoulder forward flexion of 150 degrees, external rotation of 45 degrees, external rotation strength is 4+/5

on the right side. Impression: Bilateral shoulder rotator cuff tears, status post repair. Plan: At the present time, the patient is weak on the right side and has stiffness. I would recommend continued physical therapy. Physical therapy note dated 01/09/2014 reveals right shoulder AROM flexion 120 degrees and abduction 100 degrees. Pain level 6-7/10. Physical therapy noted dated 01/14/2014 range of motion flexion 148 degrees, internal rotation 46 degrees, external rotation 50 degrees and abduction 103 degrees. Pain level 7/10. Progress note dated 01/15/2014 documents the patient with complaints of continued pain in the right shoulder 7/10. She reports over the last month she has only had one session of physical therapy. She reports intermittent pain. Objective findings on exam revealed examination of the left shoulder shows full active and passive range of motion of the left shoulder with no tenderness. On the right side, active range of motion is equal to passive. Forward elevation is 160 degrees, external rotation neutral to 45, external rotation strength is 5-/5, and internal rotation is to right buttock. Diagnosis: Bilateral shoulder rotator cuff tear, status post repairs. Plan: I do think she has a mild case of adhesive capsulitis on the right side and would benefit from continued physical therapy, so I would recommend 12 sessions be approved for her.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS TO RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Records indicate right shoulder rotator cuff tear status post arthroscopic repair with subacromial decompression on 8/27/13. Guideline criteria for post-operative physical therapy are as follows: Sprained shoulder; rotator cuff: Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks *Postsurgical physical medicine treatment period: 6 months Furthermore, the clinical documentation supports progression of post-op therapy to begin on 9/11/2013 with documented completion of initial 12 sessions of physical therapy on 11/22/13 with follow up examination report on 12/18/13. On this date, examination findings of the right shoulder report 150 degrees flexion, 45 degrees external rotation with +4/+5 strength deficit in external rotation. Additional physical therapy was recommended. Physical therapy records report 6 additional sessions were authorized and began on 1/9/14. Physical therapy notes report a second session on 1/14/14 demonstrating functional improvement in strength +5/+5 and active ROM of 160 degrees in flexion with 45 degrees of external rotation. Examination report on 1/15/14 concurs with physical therapy findings, which demonstrate functional improvement, and further recommends 12 sessions of physical therapy for the right shoulder. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request for outpatient additional post-operative physical therapy (2) times per week for (6) week is outside the recommended guidelines as the patient has already completed 18 sessions and there is no

clear indication of how the additional 12 sessions will benefit the patient beyond the recommended total therapy sessions. The request is non certified.