

Case Number:	CM13-0069746		
Date Assigned:	01/03/2014	Date of Injury:	06/11/2012
Decision Date:	06/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/23/2013

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 Orthopedic Surgery has a subspecialty in Hand Surgery and is licensed to practice in 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 injured worker is a 52 year old male who reported an injury on 06/11/2012. The mechanism of injury was not provided in the clinical documentation. Per the MRI of the left shoulder dated 11/28/2012 reported a tear of the central portion of the supraspinatus tendon with fluid in the subacromial-subdeltoid bursa indicating a full thickness tear and degenerative spur formation of the AC joint impinging on the supraspinatus tendon near the rotator cuff. An MRI dated 12/12/2012 reported only a partial thickness tear to the supraspinatus tendon, a partial thickness tear to the subscapularis tendon, flattening of the superolateral aspect of the humeral head, prior labral repair, and AC osteoarthritis, note the report states left but it is the right. Per the physician's report dated 02/09/2013 the injured worker had bilateral impingement surgeries in 1997. Per the pain medicine note dated 03/18/2013 the injured worker reported pain at 8-9/10 with pain medication and 10/10 without. The diagnoses for the injured worker include cervical radiculitis, bilateral carpal tunnel syndrome, bilateral shoulder pain, chronic pain other, and bilateral shoulder surgery 1997. Per the evaluation of the upper extremities dated 03/18/2013 the injured worker had decreased range of motion and strength to bilateral upper extremities. He also had a positive Tinel's, positive Finkelstein's, positive Phalen's, and positive reverse Phalen's to bilateral upper extremities. Per the clinical note dated 04/15/2013 the injured worker had a positive drop arm test to the left but negative to the right. Per the clinical note dated 04/29/2013 the injured worker reported constant pain to bilateral shoulders at 7-8/10. Per the operative note dated 05/16/2013 the injured worker underwent arthroscopic surgery to the left shoulder that included a synovectomy, debridement of the superior labrum, debridement of partial rotator cuff tear, SLAP repair, subacromial decompression and partial anterior acromioplasty with bursectomy. Per the operative note dated 09/19/2013 the injured worker underwent arthroscopic surgery to the right shoulder that included debridement of a biceps tear, chondroplasty of the

glenohumeral joint, SLAP repair, subacromial decompression with partial acromionectomy with bursectomy, and a distal claviclectomy. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY 2X3 FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Education Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-27.

Decision rationale: Per the CA MTUS Guidelines treatment for rotator cuff syndrome/impingement syndrome postsurgical treatment, arthroscopic: 24 visits over 14 weeks, postsurgical physical medicine treatment period: 6 months. The injured worker had arthroscopic surgery to the left shoulder on 05/16/2013. The request for physical therapy at this time exceeds the 6 month timeframe for care. In addition, there is a lack of recent physical exam findings revealing functional deficits in the left shoulder. Therefore the request for Post-Op Physical Therapy 2X 3 weeks for the Left Shoulder is not medically necessary.