

<b>Case Number:</b>	CM14-0111683		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/13/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Orthopaedic 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 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:

This 53-year-old male sustained an industrial injury on 7/13/13. The mechanism of injury was not documented. The patient underwent left shoulder biceps tenotomy with partial rotator cuff repair on 1/21/14 for a diagnosis of massive rotator cuff tear. Post-operative physical therapy was initiated on 3/21/14 limited to passive range of motion work for the first 3 weeks. Passive range of motion was documented as flexion 48, abduction 42, and external rotation 15 degrees. Twelve visits were provided as of 4/28/14 with good improvement documented in passive range of motion. The 6/4/14 progress report noted complaints of shoulder popping with sharp pain during shoulder rotation. The patient fatigued easily and was quite weak. He was to continue physical therapy. The 6/16/14 treating physician report indicated that the patient had improved a little bit and still experienced modest symptoms with pain grade 4.5/10. Physical exam documented passive elevation to 130 degrees with mild weakness with resisted external rotation. Additional rehabilitation was recommended with emphasis on strength and function. The 6/24/14 utilization review denied the request for 12 additional physical therapy sessions as the response to the most recent physical therapy regime had not been documented. Twelve additional physical therapy sessions were provided from 5/19/14 to 6/25/14. The 6/25/14 physical therapy progress report documented active range of motion as flexion 95, abduction 88, external rotation 40 and internal rotation to L5. Left shoulder strength was reported 4-/5 in flexion, 3+/5 in abduction, 4/5 in external rotation, and 5/5 in internal rotation. Additional physical therapy was recommended per the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Physical therapy visits for left shoulder: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-252, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for complete rupture of the rotator cuff suggest a general course of 40 post-operative visits over 16 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. This patient has completed 24 visits of post-op for a massive rotator cuff tear. There are significant residual functional deficits in strength and range of motion documented. Program progression and improvement in active range of motion have been documented with the most recent physical therapy treatment. This request is consistent with the general course of post-op treatment. Therefore, this request is medically necessary.