

Case Number:	CM14-0133495		
Date Assigned:	09/18/2014	Date of Injury:	07/23/2012
Decision Date:	11/05/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/23/12 when, while unloading cattle, he was pinned against a side rail. He sustained multiple injuries. Treatments included left knee arthroscopy with a meniscectomy in 2012 and a cervical spine fusion. He is also being treated for bilateral shoulder pain. He was seen for neurosurgery follow-up on 01/04/14. His cervical spine was improving. He was having ongoing significant back and leg pain and was having difficulty walking. He had progression of lower extremity weakness and was tripping. Diagnoses were a T12 compression fracture and L4-S1 disc herniations with foraminal stenosis and nerve compression. A lumbar decompression and fusion and kyphoplasty was recommended and was performed on 02/10/14. He participated in postoperative physical therapy treatments beginning 05/19/14. As of 06/24/14 he had completed 12 treatment sessions including pool therapy. The claimant was seen on 06/18/14 with bilateral shoulder pain. His history of injury was reviewed. Treatments had included physical therapy without relief. Medications were diazepam, gabapentin, and Zolpimist. Physical examination findings included right acromioclavicular joint tenderness with severe pain with range of motion. There was positive impingement and cross arm test testing. There was mild apprehension. On the left side there was acromioclavicular joint tenderness and pain with resisted motion. There was mild apprehension. Impingement testing was positive. MRI results were reviewed and MRI arthrogram ordered. The assessment references having failed non operative treatment and being a potential surgical candidate. An MR arthrogram of the left shoulder on 07/21/14 included findings of a labral tear with acromioclavicular and glenohumeral osteoarthritis. There was mild rotator cuff tendinosis. An MR arthrogram of the right shoulder on 07/22/14 showed findings of a labral tear with biceps tendon tear with retraction and rotator cuff tear. There was mild degeneration of the right

acromioclavicular joint. He was seen on 07/31/14. The shoulder MRI results were reviewed. Surgery was being planned. He was seen for another orthopedic evaluation on 09/25/14. His history of injury was reviewed. Treatments had included physical therapy, medications, and cervical and lumbar spine surgery with minimal improvement. Physical examination findings included decreased and painful paraspinal range of motion with tenderness. He had decreased shoulder strength. There was positive impingement testing bilaterally. Imaging results were reviewed. Authorization for bilateral shoulder arthroscopic surgery and a right knee partial meniscectomy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 6 weeks on bilateral shoulders:

Overturned

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

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

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for knee and bilateral shoulder pain. Imaging shows bilateral shoulder labral tears with right rotator cuff tear and proximal biceps tendon tear. Bilateral shoulder arthroscopic surgery is being planned. Guidelines address the role of physical therapy following arthroscopic shoulder surgery for rotator cuff syndrome/impingement syndrome. The post surgical treatment period is 6 months with up to 24 therapy visits over 14 weeks after surgery, although goals can usually be achieved with fewer visits than the maximum recommended. In this case, the requested number of post-operative therapy visits is within accepted guidelines and therefore medically necessary.