

<b>Case Number:</b>	CM14-0136208		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/09/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 50-year-old female sustained an industrial injury on 9/9/09. Injuries to both shoulders were sustained in a backward fall while lifting a 60-pound box. Past surgical history was positive for right shoulder surgeries on 12/28/10 and 12/21/11, left shoulder rotator cuff repair with subacromial decompression on 11/27/12, and manipulation under anesthesia on 3/19/13. The 12/14/13 left shoulder MRI impression documented a new high-grade full thickness tear at the junction of the supraspinatus and infraspinatus tendons just adjacent to the footprint and associated with supraspinatus muscle atrophy. There was a new moderate to high grade partial thickness subscapularis tear and mild acromioclavicular joint osteoarthritis. The patient was diagnosed with adhesive capsulitis. The patient underwent a left shoulder open distal clavicle resection, partial acromioplasty with bursectomy and subacromial decompression, removal or retained loose suture and rotator cuff repair on 3/25/14. The 4/7/14 initial physical therapy documented severe grade 6-9/10 pain with complete impairment in flexion (0-19 degrees), severe external rotation flexibility deficits (20-39 degrees), and severe weakness with 2/5 strength. The 5/28/14 treating physician report documented the patient continued to work aggressively with physical therapy and home exercise program with steady improvement. He reiterated that the patient was going to require on-going treatment and aggressive intervention to improve the mobility in a shoulder that had been frozen for many years. Active range of motion testing documented flexion 110, abduction 75, elevation through flexion 110, elevation through abduction 70, internal rotation 20, external rotation 20, and extension 30 degrees. The end feel in internal and external rotation was firm and hard. Shoulder strength testing was limited due to guarding and pain but was 4-/5 in general. Twelve additional physical therapy sessions were requested. The 6/26/14 treating physician report recommended continued post-op physical therapy as there was still a considerable amount of adhesions and requested a Dynasplint. The

7/25/14 treating physician report requested 12 more physical therapy sessions and noted he was awaiting authorization of a Dynasplint. Active range of motion testing documented flexion 120, abduction 80, elevation through flexion 110, elevation through abduction 70, internal rotation 30, external rotation 30, and extension 45 degrees. Testing was limited by apprehension, guarding, and pain. The 8/6/14 utilization review denied the request for additional physical therapy as there was no indication of the patient participating in a home exercise program and the completed number of sessions exceeded guideline recommendations.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 12 additional visits (3x week x 4 weeks) to left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair, impingement syndrome, and adhesive capsulitis suggest a general course of 24 post-operative visits over 14 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. The post-surgical period would have continued until 9/25/14. Guideline criteria have been met. This patient completed 36 post-operative physical therapy sessions with a well-documented home exercise program. She made functional gains in strength and range of motion with physical therapy but remains significantly limited in range of motion. A history of prolonged immobilization was documented. A Dynasplint has been recommended but has not been initiated as authorization is pending. Given the continued limitation in range of motion, functional improvement to date, and reasonable evidence that additional gains can be made with supervised therapy during the post-surgical period, an additional block of physical therapy care is reasonable to allow maximum gains in range of motion and fully mature a home exercise program. Therefore, this request is medically necessary.