

<b>Case Number:</b>	CM14-0161153		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 45-year-old male warehouse worker sustained an industrial injury on 3/8/14. He reported onset of severe left shoulder pain while washing toilets at work. The 7/19/14 left shoulder MR arthrogram impression documented partial tear of the supraspinatus tendon, and osteoarthropathy of the acromioclavicular joint. The 8/4/14 treating physician report cited continued left shoulder pain without any significant improvement despite conservative treatment. Pain was reported grade 9/10, worse with above shoulder level activities and improved with rest. MRI findings documented biceps tendinitis, a partial rotator cuff tear, and a possible labral tear. Physical exam documented rotator cuff muscle atrophy, positive Neer's test, greater tuberosity tenderness, and positive apprehension test. Left shoulder range of motion testing documented full flexion, abduction, and external rotation, with internal rotation reduced to 60 degrees. The treatment plan recommended left shoulder arthroscopy with subacromial decompression and acromioclavicular joint resection with post-op physical therapy and VascuTherm. The 8/23/14 utilization review approved a request for left shoulder subacromial decompression and acromioclavicular joint resection and modified the request for initial post-op physical therapy treatment to 12 visits consistent with post-surgical treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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 rotator cuff repair/acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. 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 8/23/14 utilization review modified the request for initial physical therapy treatment to 12 visits consistent with post-surgical treatment guidelines. There is no compelling reason to support initial treatment beyond guideline recommendations and physical therapy already certified. Therefore, this request is not medically necessary.