

Case Number:	CM14-0024999		
Date Assigned:	06/11/2014	Date of Injury:	06/02/2012
Decision Date:	08/05/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/27/2014

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 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:

The injured worker is a 43-year-old male who reported an injury on 06/02/2012, due to unloading a sofa from a trailer. The injured worker's complaints were continued pain to the left shoulder. Physical examination dated 11/12/2013, there was a positive supraspinatus stress test for rotator cuff tendinopathy, and a positive SLAP test. The injured worker's diagnoses were status post left shoulder subacromial decompression and rotator cuff tear repair, and possible failed recurrent left shoulder rotator cuff tear. The injured worker's past treatments and diagnostics were an MRI of the left shoulder dated 10/29/2013, which revealed a status post tendon to bone repair for prior supraspinatus tendon tear, with a full-thickness re-tear from the level of surgical construct with 2.6 cm proximal retraction of the torn tendon fibers; status post acromioplasty of the distal acromion, with moderate degenerative changes at the acromioclavicular joint; and extravasation of the intra-articular contrast into the subacromial and subdeltoid bursa; and fluoroscopic guidance for a lidocaine injection to the left shoulder. There was a procedure request dated 01/24/2014 for left shoulder arthroscopy with possible rotator cuff repair, biceps tenotomy versus tenodesis, labral repair and subacromial decompression. However, the request for authorization and rationale for 12 postoperative physical therapy to the left shoulder 2 times per week for 6 weeks was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE POSTOPERATIVE PHYSICAL THERAPY TO THE LEFT SHOULDER
TWO TIMES PER WEEK FOR SIX WEEKS: 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 request for postoperative physical therapy to the left shoulder 2 times per week for 6 weeks is not medically necessary. Chronic Pain Medical Treatment Guidelines recommend up to 12 sessions of physical therapy for an initial trial following surgery for rotator cuff conditions. The clinical documentation included a request for shoulder surgery. However, there was no notation indicating that the injured worker has had the recommended surgery or has been approved for it. In the absence of this information, postoperative physical therapy is not supported. As such, the request is not medically necessary.