

<b>Case Number:</b>	CM14-0044157		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 44-year-old male who reported injury on 02/14/2011. The mechanism of injury was cumulative work injury. The injured worker underwent a subacromial decompression biceps tenodesis on 05/21/2012 and a left ulnar nerve transposition on 12/15/2011. The mechanism of injury was the injured worker was pulling a hose out of the ground and fell onto his left shoulder. The injured worker underwent an EMG/NCV on 12/16/2013. The injured worker was on one medication, which was gabapentin. Prior treatments include cortisone injections. The injured worker underwent a left shoulder MR arthrogram, x-rays of the elbows, and an MRI of the elbow. On the physical examination of 12/17/2013, the injured worker had complaints of pain in the left shoulder and pain with elevation or repetitive use. The physical examination of the shoulders revealed tenderness over the biceps tendon. The injured worker was able to actively forward flex to 150 degrees, with abduction and external rotation of 80 degrees. The injured worker had good strength with supraspinatus testing. There was pain over the lateral aspect of the shoulder. The diagnoses included status post left shoulder arthroscopy and debridement/biceps tenodesis 05/21/2012 and status post left ulnar nerve transposition 12/15/2011. The treatment plan included surgical intervention. The documentation indicated the injured worker was scheduled on 04/21/2014; however, there was lack of documentation indicating the surgical intervention had been approved and the request for post-operative therapy was not provided by DWC form RFA or PR-2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical Therapy 3x wk x 4 wks Left Shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 27.

**Decision rationale:** The California Postsurgical Treatments Guidelines recommend 24 visits for rotator cuff syndrome postoperatively and the initial therapy is half the number of recommended visits. There was no DWC Form, RFA or PR2 submitted for review to support the request. Additionally, as the surgical intervention per the documentation submitted was dated for 04/21/2014. However, there was lack of documentation indicating the surgical intervention was approved. The request for postoperative physical therapy 3 times a week x4 weeks, left shoulder, is not medically necessary.