

Case Number:	CM14-0086922		
Date Assigned:	09/19/2014	Date of Injury:	09/15/2008
Decision Date:	10/31/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/10/2014

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 Orthopedic 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 62-year-old male pipefitter sustained an industrial injury on 9/15/08. Injury occurred when the patient was lifting a heavy oxygen bottle. Past surgical history was positive for left shoulder arthroscopic subacromial decompression with lateral debridement, biceps tenotomy, and chondroplasty on 4/24/09, left shoulder total arthroplasty on 5/24/11, and left shoulder revision with open biceps tendon repair on 5/22/12. The treating physician progress reports from 10/21/13 to 1/13/14 documented an acute flare-up in October when the patient was pushing a grocery cart and it jammed, causing severe pain in the left shoulder and down his arm. Reports documented progressive worsening of left shoulder pain and weakness. Symptoms affected his activities of daily living and he was no longer able to perform his home rehabilitation program due to discomfort. Left shoulder range of motion was painful and limited to flexion 90 to 95 degrees, external rotation with arm at side 30 degrees, and internal rotation to L5. Rotator cuff strength was 4/5 with abnormal lift off and belly tests. There was no tenderness to palpation. The treatment plan recommended left shoulder revision open rotator cuff repair. Revision rotator cuff surgery was denied on 2/3/14 based on an absence of updated imaging and laboratory studies to rule-out prosthetic loosening and infection and to demonstrate the possible presence of a rotator cuff tear. The 5/7/14 treating physician report cited continued shoulder pain and discomfort with inability to lift his arm up and reach forward. Physical exam documented forward elevation to 90 degrees, external rotation to 20 degrees, and internal rotation to L5/S1. Supraspinatus strength was 4-/5. Impingement signs 1, 2 and 3 were positive. The diagnosis was left shoulder impingement and/or supraspinatus tendon tearing. Authorization for left shoulder arthroscopic acromioplasty and possible rotator cuff repair was requested. The 5/31/14 utilization review denied a request for therapeutic exercise as the associated surgery was not approved due to absence of imaging evidence of impingement or rotator cuff pathology and no details regarding

conservative treatment failure. Subsequent authorization of surgery is not documented in the available records. The most recent imaging study in the records was performed on 3/29/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Exercises: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47, 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. Guidelines state a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program. Guideline criteria have not been met. Post-operative physical therapy including therapeutic exercise for this patient would be reasonable within the MTUS recommendations. However, this particular request is for an unknown amount of treatment which is not consistent with guidelines. Additionally, guideline criteria apparently have not been met for the associated surgery. Therefore, this request is not medically necessary.