

<b>Case Number:</b>	CM14-0023799		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 an 80 year old female with a work injury date of 04/27/2013. She states she fell and landed on the ground flat on her stomach. She immediately experienced pain in her neck, right shoulder, mid back, right hip and both knees. Prior treatment included pain medications and physical therapy. She continued working modified duties until October 2013 and has not worked since. The diagnoses have included diffuse cervical spondylosis and instability at cervical 4-cervical 5, rule out stenosis; rotator cuff tear of the right shoulder with severe impingement syndrome, myoligamentous sprain/stain of the lumbosacral spine, superimposed on degenerative scoliosis; degenerative disc disease at L5-S1, static spondylolisthesis and sprain/strain without dynamic instability, diffuse mild degeneration of the right knee and right shoulder type II acromion and impingement syndrome. Treatment to date included MRI of right shoulder on 08/04/2013, MRI of thoracic spine on 10/17/2013 and subacromial steroid injection. On visit dated 01/06/2014 the injured worker (IW) was complaining of intermittent neck pain with numbness and tingling to bilateral fingers. She also complained of pain and discomfort to the right shoulder with range of motion. Physical exam revealed very limited motion of the right shoulder with severe tenderness over the coracoacromial ligaments and subacromial space. Supraspinatus isolation is positive. Impingement test and drop are test are positive. The provider was recommending shoulder surgery and submitted a request for follow up physical therapy. On 01/21/2014 utilization review modified the request for: Post-operative physical therapy(1) 1 time a week times 24 weeks right shoulder to. (2)Post-operative physical therapy 2 times a week times 4 weeks right shoulder and

continue post-operative physical therapy. (3) 1 time a week times 4 weeks right shoulder based on progress. The request for post op physical therapy was modified to approve 2 sessions a week for 4 weeks and based on progress continue with 1 session a week for 4 weeks. Guidelines cited were CA MTUS. On 01/13/2014 the injured worker submitted an application for IMR of the submitted physical therapy request as noted in # 1, 2, and 3 above.

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

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

**Post-op Physical Therapy once a week for 24 weeks right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27,10, 11.

**Decision rationale:** MRI of the right shoulder of 8/4/2013 revealed a full-thickness complete tear of the supraspinatus tendon with fatty atrophy of the muscle belly and approximately 3 cm of retraction. There was volume loss and atrophy of the infraspinatus muscle. Degenerative tear of the anterior labrum was identified. Acromioclavicular joint degenerative changes were seen. There was secondary superior translation of the humeral head due to the rotator cuff tear with marked increase in the acromial humeral distance. The request as stated is for 24 visits of postoperative physical therapy. Utilization review modified the physical therapy request to 2 sessions per week for 4 weeks and then one session a week for 4 weeks. California MTUS postsurgical treatment guidelines indicate 24 visits over 14 weeks for rotator cuff repair/acromioplasty. The initial course of therapy is one half of these visits which is 12 visits. Then with documentation of continuing objective functional improvement a subsequent course of therapy consisting of 12 visits may be prescribed. The postsurgical physical medicine treatment can be continued up to 6 months from the date of surgery. The request as stated for 24 visits exceeds the initial course of therapy of 12 visits and as such, the medical necessity of the request is not established.