

<b>Case Number:</b>	CM15-0053831		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Illinois, California, Texas  
 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 a 62-year-old male who sustained an industrial injury on 8/8/14. Injury occurred while traveling in the sleeper berth of a truck, he was thrown out of the berth, striking the back of the driver and passenger seats, and landing on the floor board. He reported injuries to the neck, mid back, low back, right elbow and left ankle. Conservative treatment included physical therapy, acupuncture, activity modification, anti-inflammatory medications, and analgesic medications. The 1/26/15 right shoulder MRI impression documented lateral outlet stenosis impingement related tendinosis and peritendinitis of the supraspinatus and infraspinatus tendons distally about the footplate. There was a 6 mm rim rent tear of the far anterodistal supraspinatus tendon. There was no evidence of a rotator cuff macro tear. Findings represented a likely non-displaced inferior glenoid labrum tear. Findings documented inflamed hypertrophic acromioclavicular (AC) joint arthrosis. The acromion demonstrated a type II configuration with slight lateral downsloping and thickening of the coracoacromial acromial ligament attachment contributing to an outlet encroachment. The 2/6/15 treating physician report cited constant neck, bilateral shoulder, and low back pain, and headaches. Difficulty was noted with activities of daily living, overhead activities, and sleeping. Right shoulder exam documented atrophy in the deltoid region, and tenderness to palpation over the AC joint, coracoid process, and anterior and middle shoulder joint. Neer's, Hawkin's tests, drop arm, and anterior apprehension tests were positive. Right shoulder range of motion was painful with flexion 143, extension 28, abduction 140, adduction 44, external rotation 75, and internal rotation 65 degrees. Grip strength was 38/35/37 pounds right and 10/98/95 pounds left. Imaging showed impingement, supraspinatus

tear, and non-displaced tear of the inferior glenoid labrum. The treatment plan included request for authorization for right shoulder arthroscopy with repair of the rotator cuff and Mumford procedure, and associate surgical items/services. Authorization was requested for 18 post-op physical therapy visits. The 2/27/15 treating physician report documented persistent right shoulder pain with difficulty in overhead activities and lifting. The 3/2/15 utilization review non-certified the request for post-op physical therapy as the associated surgical request was not found medically necessary.

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

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

#### **Post-Op Physical Therapy x18 visits for Right Shoulder: Overturned**

**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.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for rotator cuff/impingement syndrome 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. This is the initial request for post-operative physical therapy. Although this request exceeds recommendations for initial care, it is consistent with the recommended general course. Therefore, this request is medically necessary.