

<b>Case Number:</b>	CM14-0168282		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	07/03/2014
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 is a 56-year-old male patient this is an industrial injury on 07/03/2014. Diagnosis is complete rupture of rotator cuff. Mechanism of injury occurred when the patient fell directly onto his left shoulder incurring a left shoulder contusion with continued left shoulder rotator cuff tear. MR arthrogram of the left shoulder performed on 08/21/14 confirmed full thickness tear of the subscapularis tendon with 3 cm retraction. X-rays showed some acromioclavicular joint arthropathy as well. The patient deferred steroid injections and wanted to proceed to surgery. Previous treatment has included physical therapy, non-steroidal anti-inflammatories, and Tylenol No. 3. On 09/29/14 a request for evaluation of the rotator cuff, possible need 2 open for subscapularis repair, left shoulder arthroscopic subacromial decompression, distal clavicle resection was non-certified a utilization review. A request for postoperative physical therapy 2 times per week for 3 weeks for the left shoulder was also denied as there is no indication that the requested surgery was deemed medically necessary at this time and therefore postoperative physical therapy necessity has not been substantiated. Progress note dated 09/15/14 revealed the patient continued to complain of left shoulder pain. He describes his main weakness is pain. Physical examination was not performed. Physical examination performed on August 13, 2014 revealed tenderness anteriorly and range of motion is limited in abduction 265, forward flexion to 70. He has pain on impingement signs and weakness with internal and external rotation. Plan was to proceed with shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Operative physical therapy 2 x 3 weeks left shoulder.:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy, Post-operative

**Decision rationale:** This is a 56-year-old male patient diagnosed with rupture of rotator cuff, confirmed on MRI. The patient completed 6 sessions of physical therapy and tried oral medications with continued symptoms. The patient declined to try cortisone injections for the shoulder and wished to proceed to surgery. A request for left shoulder arthroscopic subacromial decompression and distal clavicle resection was non-certified utilization review. ODG guidelines recommend "Complete rupture of rotator cuff (ICD9 727.61; 727.6) Post-surgical treatment: 40 visits over 16 weeks." However, given the proposed surgery has not been authorized, there would be no medical necessity for postoperative physical therapy 2 x 3 weeks for the left shoulder and therefore the request is not medically necessary.