

<b>Case Number:</b>	CM15-0095475		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 58-year-old male who sustained an industrial injury on 1/2/12. The mechanism of injury was not documented. Records indicated that the injured worker had undergone 3 left shoulder surgeries for a diagnosis of complete rupture of the rotator cuff. He underwent left shoulder arthroscopy with revision rotator cuff repair, extensive debridement of a labral tear and biceps anchor, and hardware removal on 6/27/14. The 10/20/14 treating physician report documented increased left shoulder pain worsened with abduction following a chiropractic manipulation. An updated MRI was requested. Physical therapy was placed on hold. The 10/24/14 left shoulder MR arthrogram showed a focal full thickness re-tear of the rotator cuff. The 1/5/15 treating physician report indicated pain was decreasing with minor discomfort in maximal abduction. The treatment plan indicated that injured worker had improved to the point where he could start therapy. The 4/2/15 physical therapy progress report indicated the injured worker had improved 80%. He had current grade 3/10 lateral and anterior pain from strengthening. Range of motion and strength were decreased. He was not taking any medications. Left shoulder exam documented range of motion as flexion 153, abduction, internal rotation 85, and external rotation 70 degrees. There was 3/5 strength in abduction, scaption, and external rotation. There was 4/5 strength in flexion, extension, adduction, and internal rotation. Tenderness to palpation was reported over the trapezius, supraspinatus, infraspinatus, biceps, rhomboids, and sternocleidomastoids. He was making excellent gains with residual weakness in abduction and external rotation. He had met his treatment goals by approximately 50%. Additional physical therapy was recommended. The 4/6/15 treating physician report cited continued progress with physical therapy. He was able to hold a steering wheel against 39 pounds of resistance but needed to be able to hold a resistance force of 50 pounds to pass his pre-flight physical. He reported increased pain in the anterior right shoulder recently when weights were increased in therapy. Physical

exam documented range of motion as flexion 170 degrees, abduction 170 degrees, and internal/external rotation 80 degrees with 5-/5 abduction and external rotation strength. He continued to make progress but additional therapy was required to get him to the point where he could pass his pre-flight physical. The 4/15/15 utilization review non-certified the request for additional physical therapy x 18 visits as there was limited evidence of improvement in range of motion and muscle strength with the 24 physical therapy visits to date, and documentation indicating the injured worker had regressed. The injured worker appeal letter indicated that he was unable to return to work until he could get to 50 pounds of force on a steering wheel to simulate jammed flight controls. He reported that he was progressing nicely toward that goal. He reported that the recent physical therapy progress report skewed the results of his improvement because he had attempted to meet all job requirements during a final session resulting in a flare-up. This had included a simulated climb down a 30-foot rope and hanging by his full weight. He requested an appeal of the denial of additional therapy to assist in return to work.

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

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

**Physical Therapy & Evaluation, 3 times per wk for 6 wks, Left Shoulder (18 visits), post-operative:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical Medicine Page(s): 9, 98-99, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. In general, the Post-Surgical Treatment Guidelines for complete rupture of the rotator cuff would support 40 visits over 16 weeks. Guideline criteria have been met for additional physical therapy. This injured worker demonstrated 80% improvement since return to therapy in February 2015 following a 4-month hiatus due to full thickness re-tear of the rotator cuff. An additional setback was documented with increased weighted and resisted job task simulation activities in April. He is currently at 78% of resisted strength capacity to return to work. Although, this request exceeds the post-surgical general course recommendations, it is noted that this patient is status post three surgeries and unable to return to work until additional functional gains are made. An exception to guidelines is warranted. Therefore, this request is medically necessary.