

<b>Case Number:</b>	CM14-0141570		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	06/28/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 40-year-old male horse wrangler sustained an industrial injury on 6/28/10. Injury occurred while he was riding a horse bareback and fell to the ground, landing on his left shoulder, hip, and leg. He sustained a compound comminuted mid-shaft fracture of the left tibia/fibula. Past surgical history was positive for open reduction, irrigation, debridement and application of an external fixator to the left tibia on 6/28/10, intramedullary rodding of the left tibia fracture with open reduction and internal fixation left fibula non-union on 11/28/10, and removal of the left tibia intramedullary rod on 12/14/11. Past medical history was positive for post-operative MRSA infection. He underwent left shoulder arthroscopy subacromial decompression with rotator cuff repair on 5/8/13. Post-operative progress reports documented re-injury in July. A left shoulder arthroscopic rotator cuff repair, right labral debridement, and subacromial debridement with limited acromioplasty was performed on 3/26/14 with operative findings of a recurrent anterior supraspinatus tear adjacent to the bicipital sling and posterior labral tear. The 7/31/14 treating physician report indicated that patient had completed 13 post-op physical therapy visits with continued shoulder pain. He had difficulty reaching out in front, and rotating from internal to external rotation and back. He was still waking at night with pain. Physical exam documented excellent rotator cuff strength. He had increased anterior shoulder pain with internal rotation to L2. Abduction lacked 15 to 20 degrees and external rotation was 80 degrees in the 90-degree abducted position. He remained tender in the anterior shoulder to palpation. The treatment plan recommended 12 more visits to maximize his strength and mobility, ultrasound to decrease subacromial region pain, and transition to an independent exercise program. Physical therapy was imperative to strengthen the shoulder prior to return to any significant work demand. Currently, he patient was limited to lifting less than 10 pounds with the left arm. The 8/22/14 utilization review modified the request for 12 physical therapy sessions to 3 sessions to reduce

symptoms, increase strength and range of motion, and allow assessment of additional functional improvement. The 9/11/14 treating physician report indicated the patient had completed his last physical therapy visit and his shoulder was feeling much better. He had some occasional cramping with driving. Physical exam documented excellent rotator cuff strength with resisted internal and external rotation. Supraspinatus strength was excellent. He had full pain free internal rotation. The patient was to continue his home exercise program. Work restriction included a 30 pound lifting limit for one month, followed by lifting as tolerated.

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

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

**Associated surgical service: 12 Physical therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Rotator cuff repair/acromioplasty 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. Guideline criteria have not been met. The patient completed 13 initial post-op physical therapy sessions with restoration of excellent strength and mild limitation in range of motion. The 8/22/14 utilization review modified the request for 12 physical therapy sessions to 3 sessions to allow for reduction of symptoms, improvement in strength and range of motion, and transition to home exercise program. Records indicate that the patient achieved full pain free range of motion, excellent strength, and transition to a home exercise program over the 3 additional visits. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program and the 3 visits previously certified. Therefore, this request is not medically necessary.