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| <b>Case Number:</b>   | CM13-0021425 |                              |            |
| <b>Date Assigned:</b> | 11/08/2013   | <b>Date of Injury:</b>       | 12/04/2009 |
| <b>Decision Date:</b> | 02/11/2014   | <b>UR Denial Date:</b>       | 08/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/09/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Hand Surgery and is licensed to practice in Oregon. 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 physician 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 57-year-old right-hand dominant checker at a supermarket who began experiencing pain in her right shoulder sometime late in 2009. She denies any specific injury, but had gradual onset of her symptoms associated with repetitive and heavy lifting and reaching at work. Her symptoms became so severe that she reported them on 12/04/09. She was referred to an [REDACTED] on 12/07/09. She was diagnosed with a partial tear of the right rotator cuff. She was provided with a sling and anti-inflammatory medications. She was placed on light duties and referred for a short course of therapy. Her symptoms persisted, and she was eventually referred to an orthopedic surgeon on 03/03/10. The surgeon diagnosed right shoulder impingement with secondary adhesive capsulitis. She was continued on anti-inflammatories, referred for physical therapy, and continued on light duties. Her symptoms persisted, and the surgeon injected the right subacromial space with a corticosteroid in April 2010. This did provide her with some good relief. She continued with therapy and light duties. Her symptoms never completely resolved. An MRI scan of the right shoulder was obtained on 09/08/10. This revealed rotator cuff tendinosis, with a partial-thickness rotator cuff tear, with small subacromial bursitis, mild AC arthrosis, and a type 2 acromion. Due to her persistent symptoms, the surgeon recommended right shoulder arthroscopy with subacromial decompression. She was hesitant to pursue surgical treatment. A second opinion consultation was obtained on 12/02/10. The second consulting physician came to the same conclusions with regard to diagnosis and the likelihood of a need for surgical treatment. Again, the patient declined surgical treatment at that time. She attempted to return to full duties for approximately 1 week. This led to increased symptoms in her right shoulder. She was again placed on light duties with restrictions of no regular checking. The patient ha

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 2 x per week x 6 weeks, for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 210.

**Decision rationale:** This patient has a confirmed rotator cuff tear. Two orthopedic surgeons have recommended repair. She has been treated with therapy and steroid injections, with persistent pain despite treatment. She now has a frozen painful shoulder. ACOEM guidelines recommend instruction in home exercise and manipulation by a manual therapist, limited to a few weeks, as comfort treatment options. ACOEM further states, for partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. This patient has been symptomatic since 2010. She has failed three months of conservative therapy. She was again instructed in home exercises following her May 2013 consultation with the requesting physician. She was unimproved after the therapy sessions she received in 2013. The ACOEM guidelines do not support additional therapy for her condition.