

<b>Case Number:</b>	CM13-0036168		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/12/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Pain Management has a subspecialty in Disability Evaluation 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 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:

The patient is a 49-year-old male who was injured on 06/12/12. At that time, he was sitting in the driver seat of his vehicle and reached backwards to lift a bag off the rear seat. As he did this, he felt a pain in his right shoulder. He states the pain was worse with raising the arm overhead and trying to rotate the shoulder as well. He has continued to work regular duty, but avoids lifting with his right arm. He has gone to therapy approximately once a week for approximately 10 times. He also has taken intermittent anti-inflammatory medicine with minimal relief. He continues to work regular duty. The patient has a diagnosis of Rotator cuff (capsule) sprain Superior glenoid labrum lesion and Diagnostic/operative arthroscopy, arthroscopic subacromial decompression and acromioplasty, arthroscopic resection of coracoacromial ligament, arthroscopic resection of coracoacromial ligament, arthroscopic extensive subacromial and subdeltoid bursectomy, glenohumeral synovectomy/chondroplasty/debridement, distal clavicle resection (Mumford procedure), debridement of labrum and labral fraying, debridement of partial rotator cuff tear, and insertion of pain pump 04/08/13. MRI of the shoulder dated 09/06/12 reveals longitudinally oriented interstitial delamination tear involving the distal 1.5cm of the supraspinatus tendon and extending into the superior tendon fibers of the subscapularis. There is mild tendinosis of the distal infraspinatus tendon fibers. There is mild degenerative asymmetric hypertrophy and type II shape of the acromion process. Operative report dated 04/08/13 indicates that the claimant underwent diagnostic/operative arthroscopy, arthroscopic subacromial decompression and acromioplasty, arthroscopic resection of coracoacromial ligament, arthroscopic resection of coracoacromial ligament, arthroscopic extensive subacromial and subdeltoid bursectomy, glenohumeral synovectomy/chondroplasty/debridement, distal clavicle resection (Mumford procedure), debridement of

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Twenty (20) sessions of physical therapy, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** The Physician Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment guideline, section of Physical Medicine, Page 99 allows for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home Physician Medicine. Also the guideline allows for Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks \*Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks \*Postsurgical physical medicine treatment period: 6 months. The documentation submitted indicates that the claimant underwent right shoulder surgery on 04/08/13. The claimant also attended 34 physical therapy visits to date. The claimant was reported to be doing well but still has limitation of the upper extremity related to deficiencies in range of motion and strength, severe pain, and inability to sleep and perform activities of daily living including self-care, reaching, pushing, pulling, and lifting. It is noted that the claimant's range of motion is near maximum in elevation and external rotation with overpressure and manual work. Therefore additional 20 physical therapy sessions are not medically necessary.