

<b>Case Number:</b>	CM13-0044389		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Internal Medicine and is licensed to practice in Arizona. 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:

The injured worker is a 22year old man without a significant past medical history who had a work-related injury on 8/15/12 resulting in chronic right shoulder pain. The initial diagnosis was right shoulder sprain and strain. A primary provider who examined him on multiple dates including managed the patient initially. An MRI done on 1/18/13 showed slightly laterally down sloping acromion with mild-to moderate acromioclavicular joint hypertrophy and arthropathy, findings may be contributing to clinical impingement syndrome, mild subacromial/subdeltoid bursitis and mild supraspinatus tendinosis without definitive rotator cuff or labral tear seen. The patient was referred to a primary orthopedic surgeon. On 6/24/13 the patient had arthroscopic surgery to the right shoulder. The procedures included right shoulder arthroscopic subacromial decompression with arthroscopic synovectomy-bursectomy and debridement of partial-thickness rotator cuff tear with arthroscopic partial distal claviclectomy and an injection of depo-medrol and marcaine. The diagnosis for the procedure was chronic right shoulder impingement syndrome with rotator cuff tendinopathy including acromioclavicular joint osteoarthropathy. The injured worker had post-op physical therapy with a total of 24 sessions. The primary orthopedic provider requested an additional 12 PT sessions on 10/4/13. The utilization review denied the additional PT sessions on 10/24/13 stating they were not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY FOR THE RIGHT SHOULDER THREE TIMES A WEEK FOR FOUR WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient had a diagnosis of chronic right shoulder impingement syndrome with rotator cuff tendinopathy including AC joint osteoarthropathy. On 6/24/13 he had a procedure including arthroscopic subacromial decompression with arthroscopic synovectomy-bursectomy and debridement of partial-thickness rotator cuff tear with arthroscopic partial distal claviclectomy. The surgery was arthroscopic. He tolerated the procedure well and subsequently had 24 sessions of post-operative PT. On 10/4/13 his primary orthopedic provider notes the patient has 6/10 right shoulder pain (the same pain as described in previous visits). He is able to accomplish all ADLs with pain medications. He has not returned to work. The physical exam showed right shoulder abduction of 180 degrees and forward flexion of 170degrees. According to the MTUS section on post-surgical care an arthroscopic procedure of the shoulder that does not include repair of a full thickness tear of the rotator cuff tendon is approved for 24 post-operative sessions. The patient has had 24 post-operative sessions with improved ROM of the shoulder but without a decrease in pain or a return to work. There is no documentation indicating that he requires more than the recommended number of PT sessions. He is independent with a home exercise program. The additional sessions of PT are not medically necessary.