

<b>Case Number:</b>	CM13-0046375		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 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 53-year-old gentleman who sustained an injury to the right shoulder in a work-related accident on 5/14/12. Specific to the claimant's right shoulder, there was documentation of an operative report dated 9/19/13 indicating that the claimant underwent arthroscopic evaluation, debridement, chondroplasty, SLAP repair, subacromial decompression, distal clavicle excision, and biceps tendon debridement. Post-operative clinical records for review dated 12/5/13 by [REDACTED] noted that the claimant was 21/2 months status post arthroscopic debridement, decompression, and SLAP repair with distal clavicle excision with examination showing 120 degrees of flexion and 110 degrees of abduction with 4/5 strength. There was documentation of post-operative physical therapy for eighteen sessions to date. At present, there is a request for twelve additional sessions of physical therapy for the right shoulder as well as twelve sessions of acupuncture and "Naprosyn cream" for further treatment in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-op PT, 3 times a week for 4 weeks to the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on California MTUS Post-Surgical Rehabilitative 2009 Guidelines, twelve additional sessions of shoulder physical therapy cannot be recommended as medically necessary. The claimant has already undergone eighteen sessions of authorized physical therapy to date. Post-Surgical Rehabilitative Guidelines would only recommend the role of up to 24 sessions in the post-operative setting. An additional twelve sessions of therapy would exceed the guideline recommendation and would not be indicated.

**Acupuncture, 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on California MTUS Acupuncture Guidelines, the continued use of acupuncture in this case would not be indicated. Previous records indicate that the claimant attended twelve sessions of preoperative acupuncture. Acupuncture is only recommended for optimal duration for 1-2 months with six sessions to demonstrate time of functional benefit. Given the amount of acupuncture already utilized and the request for twelve sessions would exceed initial guidelines criteria, its role would not be supported.

**Naproxen cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** Based on MTUS Chronic Pain Medical Treatment 2009 Guidelines, Naprosyn Cream would not be indicated. At present, Naprosyn is not a currently recommended or supported topical nonsteroidal medication for use in the topical setting. The role of this topical cream in the claimant's post-operative setting of the shoulder would, thus, not be indicated.

**Solar care FIR heating system, right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder procedure.

**Decision rationale:** The CA MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of thermo-therapy (i.e. heat treatment) in this case would not be

supported. Thermo-therapy is noted to be "under study" with discussion of its long term use and efficacy unclear. The role of this therapeutic modality at this chronic stage in the claimant's course of care and subacute stage from time of surgical process would not be indicated.