

<b>Case Number:</b>	CM13-0052394		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

The patient is a 35 year old male who was injured on 05/22/2012 while driving a company truck, the patient slammed into the side of another car exiting east bound from the freeway. Prior treatment history has included the following medications: Flexeril, Naprosyn, and Tylenol. The diagnostic studies reviewed include x-rays of the right shoulder including coracoacromial arch view, ac joints without eights bilaterally and AP internal and external rotation views dated 08/20/2012 revealed the following: 1) Type II acromion, right shoulder. 2) Adequate acromioclavicular joint space, right shoulder. 3) Right shoulder negative for fracture, dislocation, subluxation or joint space narrowing. MRI of the left shoulder dated 05/13/2013 reveals tendinosis and partial thickness undersurface tearing of the distal septum scapularis tendon, posterior labral tear associated with the medial extending 2.8 x 2.3 cm para labral cyst and moderate to severe degenerative disc changes at the acromioclavicular joint. MRI of the right shoulder dated 07/16/2012 revealed small oblique full thickness tear or stripping of the distal supraspinatus tendon and greater tuberosity attachment with tear defect over about 506 mm wide area, thinning and oblique longitudinal partial tearing of the distal deep margin of the subscapularis tendon and lesser tuberosity to rotator interval and fraying and possible slight undermining and partial detachment of the articular margin of superior labrum. The progress note dated 10/31/2013 documented the patient describing severe pain that radiates to the head, neck, elbow, arm, and hand. Symptoms include stabbing pain. The severity is 8 on a scale of 1-10. The symptoms are constant, worse during and after activity. The symptoms are aggravated with pushing, pulling, lifting, repetitive use, reaching overhead. The symptoms are relieved with heat, no activity and medication. Examination of the right shoulder reveals no erythema, ecchymosis or effusion. The patient has no tenderness or swelling of the right shoulder. Positive impingement sign, positive supraspinatus sign, negative apprehension test, positive

acromioclavicular joint tenderness, positive crepitus, negative drop arm test and negative sulcus sign. There is no detectable anterior or posterior laxity. Right shoulder range of motion: flexion 105 degrees, abduction 90 degrees, extension 30 degrees, external rotation 30 degrees, internal rotation 20 degrees and abduction 10 degrees. The examination of the left shoulder reveals no erythema, ecchymosis or effusion. The patient has no tenderness or swelling of the left shoulder. Positive impingement sign, positive supraspinatus sign, negative apprehension test, negative acromioclavicular joint tenderness, positive crepitus, negative drop arm test and negative sulcus sign. There is no detectable anterior or posterior laxity. Motor exam intact 5/5 bilateral upper extremities. Sensation intact to light touch bilateral upper extremities. Circulation intact bilateral upper extremities. Left shoulder range of motion flexion 20 degrees, abduction 115 degrees, extension 20 degrees, external rotation 50 degrees, internal rotation 70 degrees and adduction 15 degrees. The diagnosis are right shoulder SIS with superior labral tear, degenerative joint disease, right AC joint and RCT, right shoulder subacromial impingement syndrome and left shoulder impingement syndrome (compensable injury secondary to overuse of Left shoulder because of injury to Right shoulder). The treatment plan includes arthroscopy right shoulder with SAD extensive debridement superior labral tear, mini open RCR, Mumford and injection with Marcaine 0.25% plain, pending authorization and physical therapy 2 times per week x 4 weeks to right and left shoulder-denied 09/30/2013.

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

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

**POST-OPERATIVE PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO THE BILATERAL SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** As per California MTUS guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." The post-surgical guidelines recommend In this case, this patient complains of bilateral shoulder pain with radiating pain in his neck, arms and hands. The medical records submitted for review consistently documents at least since January 2013 that the patient has been recommended right shoulder arthroscopy surgery with SAD, RCR, debridement of superior labral tear, but it is unclear if the surgery has been performed or not. There is also no documentation that the left shoulder is postsurgical. Further, it is unclear if previous trial of physical therapy has been attempted and if that resulted in any functional improvement. Finally, the most recent progress report does not document any significant changes in physical exam findings since January 2013. Based on all of the above facts, the request for post-surgical physical therapy to bilateral shoulder is not medically necessary and is not medically necessary.