

<b>Case Number:</b>	CM13-0056816		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 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 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 claimant is a 61 year old female injured in a work-related fall sustaining a fracture dislocation of the left proximal humerus in July, 2012. She also sustained a rotator cuff tear. At the time of injury the claimant underwent an open reduction internal fixation and rotator cuff repair. In June 2013, the claimant underwent a second procedure for the shoulder for manipulation under anesthesia secondary to arthrofibrosis. The most recent clinical assessment for review is dated September 25, 2013 that documented ongoing complaints of pain in the left arm with tingling. Electrodiagnostic studies of March 2013 showed evidence of a mild left ulnar nerve entrapment at the elbow. Examination showed 140 degrees of forward flexion, supination strength at 4-/5. Dynamic bracing, CPM use and physical therapy were documented to have been provided since the time of manipulation. It was documented that eighteen sessions of therapy have been completed as of July 2013. The request is for twelve additional sessions of physical therapy to the left shoulder and an MRI scan of the left shoulder. Based on CA MTUS Post Surgical Rehabilitative Guidelines continued physical therapy is not indicated. The requested sessions of physical therapy would exceed the guideline criteria that would recommend no more than twenty four sessions in the postoperative setting for surgery for adhesive capsulitis. The request is not warranted. The CA MTUS Guidelines are silent regarding repeat imaging. When looking at the Official Disability Guidelines repeat shoulder MRI scans are not routinely recommended and should be reserved for significant change in symptoms or findings suggestive of significant pathology. The claimant was noted to be with a well established contracture to the shoulder thus needing manipulation under anesthesia. There is currently no indication of acute clinical process that would warrant further imaging or testing based on the claimant's chronic complaints of stiffness in the postoperative setting. The request is not indicated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 PHYSICAL THERAPY VISITS FOR THE LEFT SHOULDER:** Upheld

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

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

**Decision rationale:** Based on CA MTUS Post Surgical 2009 Rehabilitative Guidelines continued physical therapy for 12 sessions is not recommended as medically necessary. The documentation indicates that the claimant has completed 18 sessions. The Post Surgical Rehabilitative Guidelines recommend a total of 24 sessions for the diagnosis of adhesive capsulitis. Therefore, the request for an additional 12 sessions would exceed the guidelines. There is no documentation in the records provided for review to indicate that this claimant would be an exception to the recommended guidelines. The additional 12 sessions is not medically necessary.

### **MRI OF THE LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment, 11th Edition(web), 2013, Shoulder- Arthrography; MRI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure.

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent regarding repeat MRI imaging. When looking at the Official Disability Guidelines repeat shoulder MRI scans are not routinely recommended and should be reserved for significant change in symptoms or findings suggestive of significant pathology. The claimant is documented to have a well established contracture of the shoulder thus necessitating in the manipulation under anesthesia. There is currently no documentation in the records reviewed of an acute clinical process that would warrant further imaging or testing at this time based on the claimant's chronic complaints of stiffness in the postoperative setting.