

<b>Case Number:</b>	CM13-0070729		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 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 54 year old male who was injured on 11/02/2012 while lifting and shoveling cement when he felt right shoulder pain radiating to his arm and hand. Prior treatment history has included 12 sessions of physical therapy, which helped him. He received an injection and underwent right shoulder arthroscopy on 03/15/2013. Progress note dated 07/03/2013 documented the patient will continue physical therapy for another six visits per MTUS Guidelines. He has completed 10 conservative therapy sessions. Orthopedic evaluation dated 10/16/2013 documented the patient with complaints of constant right shoulder pain. The pain level is a 6 while resting and with activities. His activities of daily living are severely affected due to this pain. He reports that the pain is worse in the morning and evening with lifting and reaching. He has constant pain in the forearm rated a 3 while resting and 4-5 with activities. He has intermittent right wrist pain with spasm. His current medications include ibuprofen for pain. Objective findings on examination of the right shoulder reveal tenderness to palpation noted over the deltoid complex. Manual muscle testing revealed 4.5 strength and range of motion was restricted due to pain. Examination of the right wrist revealed a positive Phalen's and Tinel's with tenderness at the median nerve. Manual muscle testing revealed 4/5 strength. Range of motion was restricted due to pain. Diagnoses include: 1. Right shoulder adhesive capsulitis. 2. Bursitis. 3. Right shoulder derangement. 4. Right shoulder impingement syndrome. 5. Partial rotator cuff tear. 6. Right carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE RIGHT SHOULDER UNKNOWN QTY. PT X 10 IS THE MODIFIED TREATMENT AMOUNT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: (ACOEM) AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, SHOULDER CHAPTER,

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

**Decision rationale:** The patient had right shoulder arthroscopic surgery with repair of RC and SLAP Tear and Acromioplasty on 03/15/2013 and as per CA MTUS post-surgical treatment guidelines, 24 visits over 14 weeks is recommended. In this case, this patient continues to have right shoulder pain with restricted range of motion and strength. A note dated 10/16/2013 indicates that he has completed 12 sessions of physical therapy so far which helped him. Therefore, as per the guidelines, physical therapy may be continued up to the end of the postsurgical physical medicine period and the remaining 12 sessions of physical therapy may be appropriate. However, the request is for unknown sessions of physical therapy for the right shoulder. In order to certify additional physical therapy sessions, further information will be needed regarding the number of sessions requested. The request is not medically necessary and appropriate.