

<b>Case Number:</b>	CM13-0070986		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/29/2012
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/10/2013
<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 & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 08/29/2012 after he attempted to lift an inmate off the floor. The injured worker reportedly sustained an injury to his right shoulder. The injured worker ultimately underwent surgical intervention on the right shoulder in 05/2013. The injured worker was evaluated by a chiropractor on 06/04/2013. The injured worker's treatment plan at that time included 12 visits of postsurgical physiotherapy with modalities to include interferential current, ice pack, post ultrasound, myofascial release technique, active and passive range of motion exercises, progressive strengthening exercises, and chiropractic manipulation. The injured worker was evaluated on 08/19/2013. It was documented that the injured worker had 4.5/10 right shoulder pain increased to a 7/10 without medications. Physical findings included a mildly positive Neer's impingement, a stronger abduction against resistance, and improved reported pain levels. An additional course of physical therapy 3 times a week for 4 weeks was requested. The injured worker was evaluated on 10/07/2013. It was documented that the injured worker had 5/10 pain with medications, increased to an 8/10 pain without medications. The injured worker's range of motion was described as 150 degrees in flexion, 40 degrees in extension, 130 degrees in abduction, 50 degrees in adduction, 90 degrees in internal rotation, and 75 degrees in external rotation with a mildly positive Neer's impingement. The injured worker's diagnoses included status post right shoulder arthroscopy, right shoulder pain, and severe thickening of the subscapularis tendon. The injured worker's treatment plan included continuation of medications. The injured worker was evaluated on 11/18/2013. It was documented that the injured worker had developed postoperative adhesive capsulitis. A request was made for an additional course of physical therapy to address the injured worker's adhesive capsulitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSIOTHERAPY 3X4 RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 98-99..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** California Medical Treatment Utilization Schedule does recommend physical medicine to address pain, weakness deficits, and range of motion deficits. The clinical documentation submitted for review does indicate that the injured worker has developed postsurgical adhesive capsulitis that would benefit from additional physical therapy. The 12 additional visits would be considered excessive without a documented functional improvement. Therefore, the request for physiotherapy 3 times a week for 4 weeks for the right shoulder is not medically necessary and appropriate.