

<b>Case Number:</b>	CM14-0010843		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/31/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 42-year-old female who has submitted a claim for right shoulder impingement syndrome associated with an industrial injury date of 12/31/2011. Medical records from 2012 to 2014 were reviewed. Patient complained of moderate to severe right shoulder pain radiating to the right hand, with numbness and tingling sensation. Pain was associated with popping, clicking, and grinding sensation. This resulted in difficulties in reaching and lifting objects. Alleviating factors included application of heat/ice modalities, and intake of medications. Physical examination of the right shoulder showed tenderness and restricted range of motion. Drop-arm test, supraspinatus test, Neer's test, and Hawkin's test were positive. Right shoulder muscles were graded 4/5. Reflexes and sensory exam were normal. Her treatment to date has included physical therapy, chiropractic care, cortisone injections, and medications. The current treatment plan includes right shoulder arthroscopic surgery. Utilization review from 12/31/2013 denied the request for post-op physical therapy x 12 visits, 3 times a week for two months, right shoulder because surgery was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP PHYSICAL THERAPY 12 VISITS 3 TIMES A WEEK FOR TWO MONTHS  
RIGHT SHOULDER: Upheld**

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

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

**Decision rationale:** Post-Surgical Treatment Guidelines recommend post-operative physical therapy for 24 visits over 14 weeks for rotator cuff syndrome / impingement syndrome. In this case, patient has right shoulder impingement syndrome. Current treatment plan includes right shoulder scope intra-articular surgery, subacromial decompression with possible rotator cuff tear repair. However, utilization review from 12/31/13 denied the surgical procedure because conservative management options were not exhausted. There is no clear indication for post-operative PT at this time. As such, the request is not medically necessary.