

<b>Case Number:</b>	CM14-0016567		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	12/30/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Internal 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 31 year old male who was injured on 12/30/2012 while the patient fell while he was at work, raising himself on a table during the fall causing impact injuries to his right shoulder. Prior treatment history has included the patient undergoing right shoulder intrarticular corticosteroid injection on 07/18/2013. He underwent arthroscopy of the right shoulder with synovectomy with capsular release, superior labral repair and complete subacromial bursectomy on 12/02/2013. He has undergone physical therapy treatments and has shown improvements, however there is no documentation submitted as to how many sessions he has gone through. Diagnostic studies reviewed include MRI of the right shoulder with contrast dated 01/29/2013 revealing a SLAP tear and small posterosuperior paralabral cyst. An x-ray performed on 01/08/2013 revealed dislocation of right glenohumeral joint with no definite fracture. Physical therapy progress note dated 01/13/2014 documents since the beginning of physical therapy the patient has shown improvements in active/passive range of motion, muscle strength and overall tolerance to treatment. He continues to have range limitations, significant disuse muscle weakness and pain with end-range movements. Additionally, it remains difficult to find a comfortable position when trying to sleep at night. Objective findings on examination of the right shoulder reveal range of motion: 12/09/2013 01/13/2014 Flexion 110°/128° (136° passive) Extension 20°/35° Abduction 45°/60° (95° passive)

Recommendations: He should continue his physical therapy program to focus on strengthening progression and to maximize active range of motion. UR report dated 01/27/2014 modified the request for PT from 2 times 6 to 7 sessions to the right shoulder. The clinical reasons for certification or non-certification were not submitted with the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS TO THE RIGHT SHOULDER:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: SHOULDER, POST-SURGICAL TREATMENT GUIDELINES,

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

**Decision rationale:** The guidelines recommend post-operative physical therapy after shoulder arthroscopy. The patient underwent surgery on 12/02/2013 and over 5 weeks of PT has shown considerable improvement. He has improved ROM and strength but continues to have motion limitations, weakness, and pain with end-range movements. The physical therapist feels the patient would certainly benefit from continued PT at this time. Given that the patient has ongoing deficits following shoulder arthroscopy and has shown benefit from therapy thus far it is reasonable to continue PT for 12 more visits to the right shoulder. Therefore the request is medically necessary.