

<b>Case Number:</b>	CM14-0017418		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 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 is a 55-year-old female who reported injury on 06/25/2013. The mechanism of injury was the injured worker fell off a ladder and struck the top of her shoulder and then hit straight down on a door frame. The documentation of 12/27/2013 revealed the injured worker had discomfort in her right shoulder. The injured worker had a prior cortisone injection which helped for 4 weeks. The injured worker had discomfort with range of motion. Objectively, the injured worker had tenderness to the subacromial space, bicipital groove, and a positive Neer and Hawkins impingement sign. The diagnoses included right shoulder avascular necrosis, shoulder bursitis, shoulder partial full-thickness rotator cuff tear, and right shoulder biceps tenosynovitis. The plan and treatment was to proceed with a right shoulder arthroscopy with subacromial decompression and debridement drilling into the avascular necrosis area of her shoulder as well as a rotator cuff repair and biceps tenodesis, postoperative physical therapy and cold therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 X WEEK FOR 6 WEEKS FOR THE RIGHT SHOULDER:**

Upheld

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

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

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines indicate that the appropriate treatment for rotator cuff syndrome and impingement syndrome post-surgically is 24 visits of physical therapy over 14 weeks. The initial care is half the recommended number of visits for the condition. The request would be supported for 12 visits. There was a lack of documentation indicating that the surgical procedure was approved. Additionally, the request as submitted failed to indicate whether it was for preoperative or postoperative care. The submitted documentation failed to provide a DWC Form RFA indicating postoperative or preoperative physical therapy. Given the above, the request for physical therapy 2 times per week for 6 weeks for the right shoulder is not medically necessary.