

<b>Case Number:</b>	CM14-0048033		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 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:

This 35 year-old patient sustained a shoulder injury on 2/5/13 from the usual and customary work while employed by [REDACTED]. Request(s) under consideration include Post-operative physical therapy right shoulder. Diagnoses include Right Shoulder Impingement. A hand-written and somewhat illegible report of 2/20/14 from the provider noted the patient with chronic right shoulder symptoms. Exam showed shoulder cuff motion is normal; flexion and abduction are 90 degrees; supraspinatus motor strength of 5/5 with impingement signs. Another hand-written report of 5/8/14 from the provider noted the patient with chronic right shoulder pain; awaiting authorization for arthroscopic subacromial decompression. An exam showed right shoulder flexion 90, abduction 80/ ER/IR 80/40 degrees; motor exam of 5/5 with intact sensation in right extremity. Diagnoses included s/p left shoulder arthroscopy subacromial decompression on 8/28/13 and right shoulder impingement. Requests included Norco and unchanged modified restrictions of 10 pound limit with no overhead work. A report of 4/10/14 from the provider noted an MRI showed the right shoulder has intact rotator cuff but does appear to have downsloping acromion. The patient noted that physical therapy made him worse. The request was for right shoulder arthroscopic decompression. An MRI of right shoulder report dated 1/20/14 showed intact labrum and glenoid; intact rotator cuff without partial tear; mild AC joint arthropathy; low-grade (mild) tendinosis of supra/infraspinatus and mild downward acromion. There is a utilization review dated 3/11/14 with non-certification for right shoulder arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** It has been almost one year since the left shoulder arthroscopy of which the provider has noted no benefit from physical therapy rendered. An MRI of right shoulder is without discrete tear or instability. It appears the request for right shoulder arthroscopic surgery was denied on 3/11/14; thereby, post-operative PT for the right shoulder is not indicated. As such, the request is not medically necessary and appropriate.