

<b>Case Number:</b>	CM14-0056349		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Orthopedic Surgery, 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:

55 year old male claimant with an industrial injury dated 09/20/11. Exam note 02/28/14 states the patient returns with right shoulder pain. The patient demonstrated a 80% normal range of motion of the spine. There is evidence of tenderness to palpation of the right posterior cervical triangle with none over the anterior. Flexation was listed as 160, abduction 160, external rotation 70, and internal rotation 30. Impingement and adduction tests were both positive but the patient demonstrated pain when asked to do a forward flexion. Diagnosis was listed as a recurrent right shoulder injury, right biceps tendinitis, right shoulder impingement syndrome, superior labral tear from anterior to posterior lesion of the right shoulder. Treatment plan includes a right shoulder arthroscopy, subacromial decompression, rotator cuff repair, superior labrum anterior to posterior repair, open biceps tendesis and excision distal clavicle. Denial by utilization review for the requested procedure on 4/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy x12 visits, right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the right shoulder procedure is not medically necessary, none of the associated services are medically necessary. therefore the request for Post-operative physical therapy x12 visits, right shoulder is not medically necessary.