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| <b>Case Number:</b>   | CM14-0058920 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 03/01/2012 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 04/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/29/2014 |

### 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 Texas and Oklahoma. 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 60-year-old female who reported an injury on 03/01/2012, due to an unknown mechanism of injury. The injured worker complained of pain in her right shoulder rated 7/10, pain in her left shoulder rated 3/10, pain in the right wrist/hand rated 3/10, and pain in the low back rated 5/10. On 06/09/2014, the physical examination revealed tenderness on the right shoulder anterior aspect and at the acromioclavicular joint. She also had positive impingement signs. There were no diagnostic studies submitted for review. The injured worker had diagnoses of right shoulder impingement with rotator cuff tendinopathy, left cervical myofascial pain, and right upper extremity overuse. The past treatment methods included physical therapy, usage of a TENS unit, and steroid injections. The injured worker was on Tramadol ER 300 mg. Based on the documentation provided, the treatment plan was to continue with the request for right shoulder arthroscopic subacromial decompression. The physician was requesting post op physical therapy 3xwks4wks right shoulder. The provider recommended right shoulder arthroscopic subacromial decompression with possible biceps tenodesis after which the provider indicated the injured worker would require physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OP PHYSICAL THERAPY 3XWKS4WKS RIGHT SHOULDER:** Upheld

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

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

**Decision rationale:** The request for post operative physical therapy 3xwkx4wks for right shoulder is not medically necessary. The injured worker has a history of right shoulder pain. The California MTUS Guidelines may support 24 visits over 14 weeks for a rotator cuff repair/acromioplasty. The request for 12 visits of postoperative physical therapy is within the guideline recommendations. However, within the documentation there is no indication that the injured worker has undergone the recommended surgical intervention, or that the surgery has been approved and it is scheduled within the near future. Given the above, the request for post operative physical therapy 3 times per week for 4 weeks for right shoulder is not medically necessary.