

<b>Case Number:</b>	CM14-0080148		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 injured worker is a 53 year old female whose date of injury is 02/06/12 when she tripped on a floor mat and fell onto her outstretched right arm. She sustained a rotator cuff tear and underwent surgery on 09/13/12. Per orthopedic evaluation on 04/17/14 the injured worker continued to have problems after surgery and never had complete pain relief. She underwent repeat magnetic resonance image of the right shoulder on 08/19/13, which reportedly showed full thickness articular cartilage damage of the articular surface of the glenoid with articular cartilage damage of the humeral head; partial thickness tearing of the supraspinatus; acromioclavicular (AC) joint arthritis; evidence of intra-articular loose body within the biceps tendon sheath; evidence of an anterior and posterior labral tear. A right shoulder examination revealed tenderness to palpation over the AC joint; Hawkins and Neer tests positive; cross arm adduction test positive; 4/5 rotator cuff motor strength testing. Right shoulder range of motion revealed forward flexion 175 degrees; external rotation 90; internal rotation to T12 with pain; abduction 175. The injured worker was recommended to undergo a diagnostic right shoulder arthroscopy with possible rotator cuff repair, possible labral repair, subacromial decompression and Mumford procedure. Postoperative physical therapy at 2 visits a week for 6 weeks also was recommended. The records indicate that the injured worker had completed a course of physical therapy and had a cortisone injection without significant improvement. The injured worker also had 12 acupuncture treatments with minimal improvement noted. The records indicate that the proposed surgical procedure has been non-certified due to lack of documentation of recent conservative management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy 2 x 6 right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 03/31/2014)

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

**Decision rationale:** The California Medical Treatment Utilization Schedule supports up to 24 visits over 14 weeks following rotator cuff repair/acromioplasty. However, the records indicate that surgical intervention was non-certified. Noting that medical necessity has not been established for right shoulder arthroscopic surgery, the request for Post-op physical therapy 2 x 6 right shoulder is not indicated as medically necessary.