

<b>Case Number:</b>	CM14-0199016		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	03/07/2001
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Texas. 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 male, who reported an injury on 03/07/2001. The mechanism of injury was not included in the submitted documentation. His diagnosis include bilateral shoulder impingement, status post right shoulder arthroscopy with subacromial decompression, subpectoral biceps tenodesis and rotator cuff debridement, left shoulder arthroscopy, and cervical spondylosis mild stenosis. His past treatments include physical therapy. Diagnostic studies include an official x-ray of the lumbar spine performed on 08/14/2014, and a CT scan of the orbits without contrast performed on 09/18/2014. His surgical history includes a right shoulder arthroscopy with subacromial decompression, subpectoral biceps tenodesis and rotator cuff debridement on 02/13/2013, and a left shoulder arthroscopy on 03/21/2014. On 11/03/2014, the injured worker presented with pain in his neck, upper back, and bilateral shoulder pain. The injured worker also stated that he had pain throughout his body with tingling in his arms and hands. Upon examination of the right shoulder, the injured worker was noted to have good biceps position, positive scapulothoracic crepitus, rotator cuff strength was 4/5. Forward flexion was at 150 degrees, extension 30 degrees, abduction was at 145 degrees, external rotation was at 70 degrees, internal rotation was at 70 degrees. Upon examination of the left shoulder rotator cuff strength was at 4+/5, forward flexion was at 150 degrees, extension was at 30 degrees, abduction was at 150 degrees, and external rotation was at 70 degrees. Current medication regimen was not provided. His treatment plan included to proceed with nerve conduction studies, follow-up with pain management, follow-up with dental recommendations, a request for 6 visits for PT of the shoulders, a Toradol 60 mg IM injection given in office, and a follow-up in 4 weeks. The rationale for the request was to further improve range of motion and strength. The Request for Authorization form was not provided within the submitted documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to Bilateral Shoulders 2x week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for physical therapy to bilateral shoulders 2x week for 3 weeks is not medically necessary. The injured worker presents status post shoulder surgery. The clinical documentation submitted for review indicates that the injured worker has had an unspecified amount of previous physical therapy for the right shoulder. The postsurgical treatment guidelines recommend 24 visits for postsurgical treatment of a sprained shoulder/rotator cuff repair. However, the documentation submitted for review failed to provide evidence of current functional deficits. Additionally, the documentation submitted for review failed to present objective functional improvement from previous physical therapy. In the absence of the aforementioned documentation, the documentation as submitted does not support the evidence based guidelines. As such, the request for physical therapy to bilateral shoulders 2x week for 3 weeks is not medically necessary.