

<b>Case Number:</b>	CM15-0000102		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	12/11/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 49 year old female who sustained an industrial injury on 12/11/11. The injured worker reported symptoms in the right shoulder pain. The diagnoses included impingement/ rotator cuff tendinitis, right AC joint osteoarthritis; status post acromioplasty and status post Mumford. Treatments to date have included physical therapy, oral medications, and steroid injection. PR4 dated 12/10/14 noted the injured worker presents with right shoulder pain described as "pinching" and "worse with reaching over the head and reaching across the chest". Provider documentation noted that "Physical therapy has made the condition about the same". The treating physician is requesting post-operative physical therapy 2 x 4 right shoulder. On 12/19/14 Utilization Review non-certified a request for post-operative physical therapy 2 x 4 right shoulder. The California Medical Treatment Utilization Schedule Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Post op physical therapy 2x4 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, 10, 11.

**Decision rationale:** This 48-year-old female underwent right shoulder surgery consisting of arthroscopy with subacromial decompression, and distal clavicle resection on 3/1/2013. She completed 24 sessions of postoperative physical therapy. On December 10, 2014 per office notes the injured worker was complaining of pain with overhead motion of the shoulder. She stated that physical therapy had not resulted in any improvement and the condition was the same. On examination flexion was 130 with pain, abduction 120 with pain, internal rotation was to T12. Impingement testing included a positive Neer and negative Hawkins. There was tenderness over the acromioclavicular joint. The provider is requesting postoperative physical therapy 2 x 4 for the right shoulder. Per guidelines the post-surgical physical medicine period has expired. After completion of 24 visits the condition had remained the same and the postsurgical physical medicine per guidelines had been completed. The IW did not report improvement from physical therapy Therefore the request for additional 2 x 4 physical therapy for the right shoulder is not supported by documentation of continuing functional improvement and as such is not medically necessary.