

<b>Case Number:</b>	CM15-0102936		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	09/29/2000
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: California, Indiana, Oregon  
 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 54 year old male, who sustained an industrial injury on September 29, 2000. The mechanism of injury was not provided. The injured worker has been treated for a shoulder, elbow, wrist and hand complaints. The diagnoses have included chronic pain syndrome involving the neck and both upper extremities, elbow pain, ulnar neuropathy, lateral epicondylitis, shoulder rotor cuff tendonitis/bursitis, left wrist pain, left carpal tunnel syndrome, left cubital tunnel syndrome, left long finger trigger finger and left rotator cuff syndrome. Treatment to date has included medications, radiological studies, electrodiagnostic studies, MRI, physical therapy, electrodiagnostic studies, bilateral elbow surgery, bilateral carpal tunnel release surgery and bilateral shoulder surgery. Current documentation dated April 21, 2015 notes that the injured worker reported chronic pain in the ulnar aspect of the left wrist and increasing pain the bilateral shoulders. Examination of the right shoulder revealed a very guarded range of motion. Left shoulder examination revealed tenderness over the anterior region and a limited and guarded range of motion. The injured worker also was noted to have a positive impingement sign and adduction sign. Examination of the left wrist revealed increased pain with forced ulnar deviation. The treating physician's plan of care included a request for post-operative physical therapy to the left shoulder # 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative Physical Therapy, 2 times wkly for 6 wks, 12 sessions, Left Shoulder:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s):  
26-27.

**Decision rationale:** This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. In this case, the request is in keeping with guidelines and is medically necessary.