

<b>Case Number:</b>	CM15-0130037		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 60 year old male, who sustained an industrial injury, July 31, 2013. The injured worker previously received the following treatments left shoulder arthroscopic surgery, chiropractic services, right wrist rays, random laboratory toxicology studies negative for any unexpected findings on April 21, 2015, acupuncture, 6 physical therapy sessions, Naproxen, home exercise program. The injured worker was diagnosed with left shoulder rotator cuff tear, left shoulder impingement syndrome, left shoulder pain and dysfunction, left shoulder AC joint arthrosis, left shoulder impingement, left shoulder A/S SAD, DCR, RTC repair, left shoulder adhesive tendinitis, right wrist sprain/strain, right severe carpal tunnel syndrome, right De Quervain's disease, right ring finger Dupuytren's contracture, status post-surgery to the left shoulder and right hand, right carpal tunnel syndrome and left carpal tunnel syndrome. According to progress note of June 24, 2015, the injured worker's chief complaint was left shoulder and weakness. The injured worker rated the pain at moderate 4 out of 10 stabbing left shoulder pain and weakness. There were complaints of right wrist pain and tingling radiating into the hand with tingling and weakness. The right hand pain was described as numbness, tingling weakness and cramping. The physical exam noted decreased sensation globally in the right upper extremity. The left shoulder had decreased range of motion and painful. There was three plus tenderness with palpation of the anterior shoulder, lateral shoulder and acromioclavicular joint. The Neer's and Hawkin's testing were positive for pain. The treatment plan included additional physical therapy for the left shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 times a week for 6 weeks to the left shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, Shoulder, Physical Therapy.

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

**Decision rationale:** The claimant sustained a work-related injury in July 2013 and continues to be treated for left shoulder pain. He underwent arthroscopic surgery for a rotator cuff repair and subacromial decompression on 11/20/14. He underwent a right Dupuytren and left carpal tunnel release in February 2015. When seen, he had recently completed 5 physical therapy treatments. There was decreased and painful left shoulder range of motion with tenderness and positive impingement testing. There was decreased and painful right wrist range of motion with wrist and hand tenderness and pain with Tinel's testing. An additional 18 physical therapy sessions was requested. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. The claimant is also being treated after bilateral hand surgery and only partial concurrent care would be expected. The number of additional therapy sessions being requested remains within the guideline recommendation and can be considered medically necessary.