

<b>Case Number:</b>	CM15-0135081		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	04/15/2012
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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:

This 43 year old female sustained an industrial injury on 4/15/12. She subsequently reported neck and shoulder pain. Diagnoses include cervical spine strain and strain, degenerative joint disease, right shoulder sprain and strain. Treatments to date include x-ray and MRI testing, modified work duty, a sling, shoulder surgery and prescription pain medications. The injured worker continues to experience right shoulder pain. Upon examination of the cervical spine, there is increased tone associated tenderness about the right trapezius and levator scapulae muscles. Some guarding on examination was noted. Examination of the right clavicle reveals soft tissue swelling versus effusion versus synovitis of the right sterno-clavicular joint with tenderness to palpation. A request for Post-operative physical therapy 2x4 right shoulder was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2x4 right shoulder:** Overturned

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

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

**Decision rationale:** The claimant sustained a work injury in April 2012 and underwent a right shoulder arthroscopic rotator cuff decompression with distal clavicle resection on 03/05/15. When seen, she had completed to postoperative treatments. She had decreased range of motion. She had started performing home exercise program. Physical examination findings included increased cervical spine muscle tone with tenderness. There was sternoclavicular joint tenderness and swelling of the clavicle. Eight physical therapy treatment sessions were requested. Post surgical treatment after the claimant's shoulder surgery includes up to 24 physical therapy visits over 14 weeks if done arthroscopically or 30 visits over 18 weeks if an open procedure is required with a postsurgical physical medicine treatment period of 6 months. In this case, the requested number of visits remains well within guideline recommendations. The claimant is more than years status post work-related injury and is being treated for than three months status post surgery and still using a shoulder sling. The requested therapy is medically necessary.