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| <b>Case Number:</b>   | CM15-0137633 |                              |            |
| <b>Date Assigned:</b> | 07/27/2015   | <b>Date of Injury:</b>       | 04/01/2013 |
| <b>Decision Date:</b> | 09/01/2015   | <b>UR Denial Date:</b>       | 06/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2015 |

### 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: 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:

This 37 year old female sustained an industrial injury to the right elbow and shoulder on 4/1/13. On 2/24/15, the injured worker underwent right shoulder arthroscopy with acromioplasty, distal clavicle resection and labral repair. The injured worker received postoperative physical therapy, acupuncture and medications. In a physical therapy progress note dated 6/4/15, the injured worker had completed 6 out of 24 postoperative physical therapy sessions with improved right shoulder range of motion and strength. In a PR-2 dated 6/21/15, the injured worker complained of pain to both shoulders, rated 6/10 on the visual analog scale, bilateral elbow pain rated 8/10, bilateral wrist pain rated 8/10, associated with numbness, tingling and weakness. The injured worker reported that her bilateral shoulder pain was much improved due to postoperative physical therapy. The injured worker could now lift 5-10 pounds with the right upper extremity. The injured worker also stated that medications were helpful. Current diagnoses included status post right shoulder arthroscopy, left shoulder sprain/strain, bilateral elbow sprain/strain with bilateral medial and lateral epicondylitis, left Guyon's canal tenosynovitis, bilateral carpal tunnel syndrome and history of bilateral middle trigger finger. The treatment plan included continuing therapy with physical therapy twice a week for three weeks and acupuncture twice a week for three weeks to increase right shoulder range of motion, requesting authorization for left elbow and left wrist surgery, a solar care fir system for the shoulder and medications (Motrin).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative Physical Therapy, Right Shoulder, 2 times wkly for 3 wks, 6 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Surgery for SLAP lesions.

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

**Decision rationale:** California MTUS postsurgical treatment guidelines recommend 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome, and the same number for sprained shoulder; rotator cuff, and for a Bankart repair. The procedure performed was arthroscopy of the right shoulder with acromioplasty, distal clavicle resection and labral repair on 2/24/2015. Post-operatively 24 visits of physical therapy were authorized. The current request pertains to 6 additional visits. The guidelines recommend an initial course of therapy which is one half of the 24 visits or 12 visits. Then with documentation of continuing functional improvement the remaining 12 visits may be prescribed. The injured worker has completed the 24 visits and there is no documentation of continuing functional improvement. As such, the request for 6 additional visits is not medically necessary.