

<b>Case Number:</b>	CM15-0165267		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	04/28/2015
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on 4-28-15. He has reported initial complaints of right shoulder pain that radiated to the right hand with numbness after transferring a patient to a wheelchair and the patient pulled his right arm after falling. The diagnoses have included right shoulder severe adhesive capsulitis, superior labral tear from anterior to posterior (SLAP) tear, subacromial impingement syndrome and acromioclavicular joint (AC) pain. Treatment to date has included medications, diagnostics, ice, physical therapy, sling, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 7-27-15, the injured worker complains of right shoulder pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right shoulder dated 6-30-15 that reveals partial thickness tear of the tendon, superior labral tear from anterior to posterior (SLAP) 2 tear of the superior glenoid labrum and grade 2 tear of the proximal long head of the biceps tendon. There is also a small joint effusion. The current medications included Tylenol with codeine, Cyclobenzaprine, Tramadol, Celebrex and Protinix. The objective findings-physical exam of the right shoulder reveals that there is mild evidence of scapulothoracic dyskinesia. The Hawkins and Neer test are positive. The cross arm adduction test is positive. The motor strength testing of the supraspinatus, external rotators revealed 4 out of 5 strength with associated pain. There is mild acromioclavicular joint (AC) pain to palpation. The range of motion of the right shoulder reveals forward flexion is 100 degrees, external rotation at 90 degrees of abduction is 60 degrees and internal rotation is to the right hip. The physician notes that the injured worker has had 8 previous physical therapy sessions without

significant return of range of motion and function of his shoulder. There is previous physical therapy sessions noted. Work status is total temporary disability. The physician requested treatment included Physical therapy re-evaluation and treatment, 3 times a week for 4 weeks, right shoulder, per 07-27-15 order.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy re-evaluation and treatment, 3 times a week for 4 weeks, right shoulder, per 07/27/15 order:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter and pg 27.

**Decision rationale:** According to the guidelines, physical therapy after a tendon tear , surgery and history of adhesive capsulitis can be up to 24 sessions over 14 weeks. The claimant had undergone recent repair/surgery. Although the claimant had undergone recent surgery, the request for additional 12 sessions of therapy on 7/27/15 is appropriate.