

<b>Case Number:</b>	CM15-0028500		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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:

The injured worker is a 42-year-old male, who sustained an industrial injury on March 15, 2010. His diagnoses include right shoulder impingement. He has been treated with steroid injection, physical therapy, off work, and medications and prior surgery. On January 15, 2015, his treating physician reported residual right shoulder pain following surgery, but less than before surgery. He had popping also. He had been given an injection during the last visit, which didn't help. The physical exam revealed grossly intact rotator cuff strength, but he had pain with movement. The range of motion was moderately decreased with a painful arc. There was right shoulder tender footprint, positive Hawkin's, positive empty can, and positive O'Brien's. The treatment plan included right shoulder arthroscopy, subacromial decompression, Mumford procedure, and debridement labrum tear. On January 28, 2015, Utilization Review non-certified a prescription for 12 visits (3 x 4) of post-operative physical therapy for the right shoulder, noting the surgery had not been certified. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Post-Operative Physical Therapy visits three (3) times per week for four (4) weeks for the Right Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Shoulder, Table 2, Summary of Recommendations, Shoulder Disorders.

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

**Decision rationale:** Primary treating physician's progress report dated January 15, 2015, indicates left shoulder pain less than preoperatively but residual pain and popping. Injection at the last visit did not help. The injured worker also reported right shoulder pain, neck pain, pressure, and low back pain radiating down the right lower extremity with numbness of the right thigh. On examination, left shoulder rotator cuff strength was grossly intact but there was pain with movement. Forward flexion was 120 and extension 20. Abduction was 110 and external rotation 60 and internal rotation 30. The right shoulder was tender at the footprint with positive Hawkins, positive empty can, and painful arc. Forward flexion was 100, extension 20, abduction 95, external rotation 50 and internal rotation 30. There was a positive O'Brien's test. The provider requested authorization for spine consult, home exercises for the left shoulder, and right shoulder arthroscopy with subacromial decompression, Mumford procedure and debridement of the labral tear. The request for right shoulder surgery has not been certified. The independent medical review pertains to a request for postoperative physical therapy for the right shoulder 3 times a week for 4 weeks. This was noncertified by utilization review as the surgery had not been certified. The California MTUS postsurgical treatment guidelines recommend 24 visits over 14 weeks for impingement syndrome. The initial course of therapy is one half of these visits which is 12. Therefore, the request for the 12 visits is appropriate and medically necessary in the event surgery is performed. The documentation provided does not indicate certification of the surgical procedure. As such, the request for postoperative physical therapy is not supported by guidelines and the medical necessity of the request is not established.