

<b>Case Number:</b>	CM15-0040716		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/31/2003
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52 year old female, who sustained an industrial injury, March 31, 2003. The injured worker suffered continuous trauma from February 28, 2000 through December 15, 2003. The injured worker previously received the following treatments injection into the right shoulder, Tramadol, right shoulder arthroscopic surgery, x-rays of the right shoulder and MRI of the right shoulder. The injured worker was diagnosed with acromioclavicular joint pain, probable high-grade partial-thickness supraspinatus tear. According to progress note of February 13, 2015, the injured workers chief complaint was right shoulder pain. The injured worker described the pain as constantly achy and sore. The pain radiated into the right side of the neck and right upper extremity. There was also associated tightness, stiffness, numbness into the fingers of the right hand, popping and weakness of the right hand. The pain was aggravated by sitting for long period of time, standing, reaching overhead, repetitive arm motions, writing, typing, using the computer mouse, pushing, pulling, lifting, carrying, dressing, performing household chores and exposure to wet or cold weather. To decrease the pain, resting, changing positions and taking oral medication. The physical exam noted well healed arthroscopic portholes, tenderness of the acromioclavicular joint. The injured worker had pain with across body adduction; active forward flexion was 160 degrees, 175 degrees with active flexion. The injured worker had positive Neer's and Hawkin's signs. The external rotation was 50 degrees and the internal rotation was 40 degrees in the scarecrow position. There was tenderness along the course of the proximal biceps and pain with resisted elbow flexion and supination in the superior

shoulder. The treatment plan included 12 postoperative physical therapy visits for the right shoulder as outpatient; 2 times a week for 6 weeks prescription dated February 13, 2015.

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

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

**12 post op physical therapy, 2 times per week for 6 weeks for right 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 Low Back - Lumbar and Thoracic, Preoperative Testing, General, updated January 30, 2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Rotator Cuff syndrome Page(s): 27.

**Decision rationale:** The guidelines cited above state that for "Rotator cuff syndrome/ Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks: Postsurgical physical medicine treatment period: 6 months", which is a good approximation of what this employee has had. Therefore, the request for 12 post op physical therapy, 2 times per week for 6 weeks for right shoulder is medically necessary.