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| <b>Case Number:</b>   | CM15-0054284 |                              |            |
| <b>Date Assigned:</b> | 03/27/2015   | <b>Date of Injury:</b>       | 01/17/2013 |
| <b>Decision Date:</b> | 05/18/2015   | <b>UR Denial Date:</b>       | 02/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/23/2015 |

### 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:

The injured worker is a 43 year old female with an industrial injury dated 01/17/2013. Her diagnoses included right shoulder tenosynovitis, right lateral epicondylitis and right carpal tunnel syndrome. Prior treatment included 24 visits of physical therapy and 2 steroid injections to right shoulder. Diagnostics included MRI of right shoulder and nerve conduction studies. She presents on 11/11/2014 with complaints of right shoulder and right elbow pain. Right shoulder and right elbow were tender to palpation. The provider documents physical therapy and steroid injections had provided only temporary relief of symptoms. Treatment plan consisted of, surgical intervention, post-operative physical therapy to right shoulder and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy 2x/wk x 8 weeks for the right shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, physical therapy.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for right shoulder pain. Being requested is post-operative physical therapy after a subacromial decompression and possible rotator cuff repair. Guidelines address the role of physical therapy following arthroscopic shoulder surgery for rotator cuff syndrome/impingement syndrome. The post surgical treatment period is 6 months with up to 24 therapy visits over 14 weeks after surgery, although goals can usually be achieved with fewer visits than the maximum recommended. In this case, the requested number of post-operative therapy visits is within accepted guidelines and therefore medically necessary.