

<b>Case Number:</b>	CM15-0059086		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old female, who sustained an industrial injury on 12/04/2013. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapy, x-rays, MRI of the left shoulder and cervical spine, shockwave therapy, injections, and left shoulder surgery. Currently, the injured worker complains of burning radicular pain in the neck with muscle spasms, burning left shoulder pain radiating to the arm with muscle spasms, burning left elbow pain with muscle spasms, and burning left wrist pain with muscle spasms. Per a progress note dated 09/16/2014, the injured worker reported minimal improvement of neck and left shoulder pain despite medications and physical therapy. The diagnoses include cervical spine strain/sprain rule out herniated nucleus pulposus, left shoulder strain/strain rule out rotator cuff tear, left elbow strain/sprain rule out cubital tunnel syndrome, rule out left elbow medial/lateral epicondylitis, left wrist de Quervain's tenosynovitis, rule out left wrist carpal tunnel syndrome, and rule out carpometacarpal joint arthritis. The treatment plan consisted of continuation/additional 16 sessions of post-operative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy 2 times a week for 8 weeks (16 sessions) left shoulder:**

Overtuned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** Based on the 1/20/15 progress report provided by the treating physician, this patient presents with neck pain, left > right, left shoulder pain radiating to the fingers, left elbow pain, and left wrist pain and is s/p left shoulder rotator from 11/6/14. The treater has asked for POST-OPERATIVE PHYSICAL THERAPY 2 TIMES A WEEK FOR 8 WEEKS, 16 SESSIONS, LEFT SHOULDER but The Requesting Progress Report Is Not Included in the Provided Documentation. The request for authorization was not included in provided reports. The patient's symptoms persist but medications offer temporary relief from pain and improve her ability to get sleep per 1/20/15 report. The patient's pain is alleviated by activity restrictions per 12/9/14 report. The patient's current medications include Norvasc, Ibuprofen, Atenolol, and Losartan Potassium. The patient is s/p right carpal tunnel release from 1997, but no other surgeries were included in reports. Per review of reports dated 8/21/14 to 1/20/15, the patient has not had prior physical therapy. The patient's work status is not included in the provided documentation. MTUS, post-surgical guideline, page 26-27 states that "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." The patient has a chronic pain condition. About the 16 post-operative physical therapy sessions for the left shoulder, the request is within guideline recommendations. The utilization review letter dated 2/26/15 references 4 prior physical therapy sessions. In addition to the prior 4 sessions, the requested additional 20 sessions are reasonable and within MTUS post-surgical guidelines. Therefore, this request IS medically necessary.