

<b>Case Number:</b>	CM15-0088821		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 50 year old female, who sustained an industrial injury on 8/17/11. She reported injury to her right wrist, right shoulder, neck and upper back due to a slip and fall accident. The injured worker was diagnosed as having right rotator cuff tear, cervical strain with bilateral trapezial trigger points and moderate mid-thoracic back pain. Treatment to date has included chiropractic treatments, physical therapy and Hydrocodone and Tramadol. On 2/24/15, the injured worker was not making significant improvement in her right shoulder range of motion despite rotator cuff repair on 7/2/14. The treating physician recommended a right shoulder arthroscopy with debridement and manipulation. As of the PR2 dated 4/3/15, the injured worker reports continued pain in her neck, mid back and bilateral shoulders. Objective findings include a positive Neer test in the right shoulder and decreased range of motion. The treating physician requested repeat shoulder surgery and post-operative physical therapy x 12 visits. Utilization review non-certified the surgery for lack of imaging studies documenting medical necessity of the requested surgery. A request for post-operative physical therapy x 12 visits was also non-certified using CA MTUS guidelines. This is now appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op Physical Therapy x 12 Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The disputed request pertains to postoperative physical therapy 12 visits. The documentation provided indicates a date of surgery of July 2, 2014. The procedure included arthroscopy, subacromial decompression, and a rotator cuff repair of the right shoulder. A revision surgery consisting of right shoulder arthroscopy with debridement and manipulation under anesthesia was subsequently advised on February 24, 2015 but the available documentation does not include any additional information or certification of the same. The Orthopedic Consultation dated April 3, 2015 does not indicate any additional surgery after July 2014. Physical examination on 4/3/2015 revealed right shoulder flexion of 150, extension 20, abduction 145, adduction 20, internal rotation 70 and external rotation 55. Per utilization review decision of April 9, 2015, postoperative physical therapy 12 visits was requested on 3/31/2015. The request for postoperative physical therapy was non-certified as the surgical procedure had been not certified for lack of imaging studies documenting the need for additional surgery. Review of the medical records provided at this time does not indicate certification of the surgical request. California MTUS guidelines indicate 24 visits over 14 weeks for adhesive capsulitis and the same for rotator cuff syndrome/impingement syndrome. The initial course of therapy is one half of these visits which is 12. However, in the absence of documentation indicating certification of the surgical procedure, the request for postoperative physical therapy is not supported by guidelines and the medical necessity has not been established.