

<b>Case Number:</b>	CM14-0117208		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 47-year-old female with a date of injury June 14, 2013. She has left shoulder and neck pain. The patient has had shoulder arthroscopy with acromioplasty and distal clavicle excision. This was performed in January 2014. Patient continues to have shoulder pain. The patient has shoulder pain with movement. The patient has some decreased range of motion of the left shoulder and tenderness to palpation deltoid. At issue is whether additional 12 sessions of physical therapy and naproxen on medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Additional physical therapy sessions to left shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder pain chapter

**Decision rationale:** This patient does meet established criteria for additional physical therapy. She has had 12 sessions of physical therapy. Guidelines indicate up to 24 sessions are appropriate after rotator cuff and acromial shoulder surgery with distal clavicle resection. Physical examination and postoperative notes indicate that the patient still has significant swelling and some pain. Patient meets criteria for additional 12 sessions of physical therapy and

12 sessions of physical therapy are appropriate as per established MTUS guidelines after shoulder surgery.

**Naproxen 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**Decision rationale:** This patient does not meet established criteria for naproxen. NSAID is only recommended for short-term use. There are no exceptional circumstances evident this case. Additional NSAID therapy in the form of naproxen is not medically necessary guidelines for additional NSAID naproxen not met.