

<b>Case Number:</b>	CM14-0134898		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 California. 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:

This 57-year-old female sustained an industrial injury on 12/11/12. Injury occurred when she slipped on a cord and fell, injuring her right shoulder. The 3/12/14 treating physician report cited right shoulder pain with locking and catching. Functional weakness was noted in external rotation and overhead activities. Right shoulder exam documented anterior swelling, 4+/5 external rotation weakness, positive drop arm test, and positive impingement tests. The range of motion testing demonstrated 150 degrees abduction and 40 degrees internal and external rotation. X-rays of the right shoulder and humerus showed spurring on the undersurface of the acromion. Clinical evidence supported a rotator cuff tear and MRI was ordered. The 3/31/14 right shoulder MRI impression noted that the study was limited by excessive motion due to claustrophobia. There was mild supraspinatus and mild to moderate infraspinatus tendinitis. There was moderate subscapularis tendinitis with an intermediate grade partial thickness tear. There was mild subacromial/subdeltoid bursitis. The patient underwent right shoulder arthroscopy with biceps tenodesis, acromioplasty, Mumford procedure, lysis of adhesions, subacromial bursectomy, partial synovectomy and removal of loose bodies on 6/10/14. The patient initiated post-op physical therapy on 6/27/14 for a treatment plan of 12 approved visits. The 7/24/14 physical therapy report documented gradual post-operative improvement in right shoulder joint mobility and muscle weakness/instability. Records documented improvement in all strength grades and active and passive range of motions. There was significant residual functional limitation with intermittent mild to moderate pain documented. The treatment plan recommended continued physical therapy 3x4. The 8/6/14 utilization review denied the request for additional physical therapy as there was no current documentation from the treating physician or information regarding the surgery performed.

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

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

**Physical Therapy x 6 Visits, Right Shoulder:** Overturned

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

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

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. This request for 6 additional post-op physical therapy visits, following the initial 12 visits, is consistent with guidelines. There is evidence of objective measurable functional improvement in physical therapy treatment to date. Therefore, this request is medically necessary.