

<b>Case Number:</b>	CM14-0165813		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Minnesota. 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:

The injured worker is a 46 year old female with a history of left shoulder and low back injuries. The date of injury is 2/4/2013. She received facet blocks for the low back on 12/13/2013. She underwent arthroscopy of the left shoulder on 5/19/2014. The operative report indicates an intact rotator cuff and no SLAP lesion. Subacromial decompression and bursectomy was performed. The diagnosis was left shoulder impingement. Post-operatively she completed 24 physical therapy sessions but there was ongoing shoulder pain and periscapular pain. On September 15, 2014 she continued to experience pain, sleep difficulty, and depression. Shoulder flexion was 120 degrees, abduction 95 degrees, external rotation 60 degrees, internal rotation 60 degrees and extension 30 degrees with pain. Strength was 4+/5. The shoulder was injected with corticosteroids into the subacromial space and 12 additional physical therapy sessions were requested but 2 authorized by UR with transition to a home exercise program. The response to the injection is not known. The disputed issue is the request for 12 additional physical therapy sessions after completion of the 24 post-operative sessions with no documentation of continued functional improvement, continuing pain with use of therabands, and difficulty with active exercises. Medication was changed from Tramadol to Norco. The shoulder issues are part of a widespread chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 11, 27.

**Decision rationale:** The California MTUS Post-surgical treatment guidelines allow 24 visits over 14 weeks for impingement syndrome. The post-surgical physical medicine treatment period is 6 months. The date of surgery was 5/19/2014 and the post-surgical treatment period is good through 11/19/2014. The initial course of therapy is 12 sessions and the subsequent course is another 12 sessions with documentation of functional improvement. It may be extended if it is determined that additional functional improvement is likely. The UR has certified another 2 sessions after the corticosteroid injection with transition to a home exercise program. The requested 12 visits exceed the guidelines and are not medically necessary.