

<b>Case Number:</b>	CM15-0003749		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 48-year-old female who reported injury on 01/07/2014. The mechanism of injury was not provided. The documentation of 12/05/2014 revealed the injured worker had undergone right shoulder surgery on 06/16/2014 and was 6 months postoperative. The injured worker was noted to have completed 23 sessions of physical therapy. The injured worker indicated the pain was increasing at night and in the morning over the anterior and posterior right shoulder; however, range of motion was improved. The injured worker was noted to be alternating baclofen and Flexeril. The objective examination revealed positive right paracervical tenderness to palpation, lessened to the right parascapular. The neck range of motion was mostly full range of motion on the right, and the left was limited with head tilt and the exception was left lateral rotation. The shoulder range of motion was flexion of 110 degrees, abduction 90 degrees, and internal rotation to lower lumbar. The diagnoses included postsurgery of right shoulder now with new nonindustrial motor vehicle accident. The additional diagnoses included impingement syndrome right shoulder. The treatment plan included physical therapy 2 times a week x8 weeks. The documentation further indicated the physician had discussed physical therapy with the provider of the therapy, and it was indicated on 01/09/2015 the injured worker could not reach above the right shoulder and the injured worker had repetitive hand motion of occasional up to 25% of shift. The injured worker could not lift, carry, push, or pull more than 10 pounds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 12 sessions of post-operative right shoulder physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute & Chronic) (updated 10/31/2014).

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

**Decision rationale:** The California Medical Treatment Postsurgical Guidelines indicate that the postsurgical treatment for impingement syndrome is 24 visits, and the postsurgical physical medicine treatment period is 6 months. The clinical documentation submitted for review indicated the injured worker had attended 23 sessions of physical therapy and was improving. However, there was a lack of documentation of exceptional factors to support the necessity for an additional 12 sessions. The documentation indicated the injured worker could not reach above the right shoulder and had repetitive hand motions occasionally of up to 25% and could lift, carry, push, and pull no more than 10 pounds. This would not support the necessity for 12 sessions of therapy. There was a lack of documentation indicating the injured worker had been advised on a home therapy plan. Given the above, the request for Additional 12 sessions of post-operative right shoulder physical therapy is not medically necessary.