

<b>Case Number:</b>	CM15-0179554		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, Oregon, Washington  
 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 63 year old female, who sustained an industrial-work injury on 4-6-13. A review of the medical records indicates that the injured worker is undergoing treatment for status post cervical anterior fusion and instrumentation, persistent right upper extremity radicular symptoms, status post right shoulder arthroscopy surgery, worsening right shoulder pain, weakness, limited range of motion rule out rotator cuff or biceps labral tear. Medical records dated (1-23-15 to 5-5-15) indicate that the injured worker complains of right sided shoulder and upper extremity pain. The pain symptoms are described as burning and occasional throughout the day. The pain symptoms are alleviated by medication and sitting. The associated pain symptoms include skin changes redness and bruising. The medical record dated 5-5-15 the physician indicates that the injured worker rates the pain 8-9 out of 10 on pain scale. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 3-19-15 the injured worker has returned to work modified duties. The physical exam dated 5-5-15 reveals that the right shoulder exam shows that there is tenderness to deep palpation over the right anterior shoulder and greater tuberosity of the humerus and right acromioclavicular joint (AC) tenderness. The range of motion is decreased due to pain. There is positive right shoulder Neer's and Hawkins' signs. There is also a positive right shoulder Speed's sign. The physician indicates that radiographic cervical spine series and right shoulder x-rays were done at the visit. The right shoulder x-ray that was done the physician indicates that "there is lateral downsloping of the acromion, there are findings of distal clavicle excision, type I acromial morphology is demonstrated on the lateral projection and there are no glenohumeral degenerative

joint changes evident." Treatment to date has included pain medication, right shoulder surgery 10-11-13, anterior cervical discectomy and fusion 9-12-14, physical therapy (per the record dated 5-5-15 at least 36 sessions for the right shoulder with minimal relief and at least 8 sessions for the cervical which were helpful), Transcutaneous electrical nerve stimulation (TENS) with relief of pain, injections and diagnostics. The request for authorization date was 8-10-15 and requested service included Physical therapy for the right shoulder, twice weekly for four weeks. The original Utilization review dated 8-12-15 non-certified-partially approved-modified the request as there are no detailed records available indicating when the shoulder surgery took place and how many physical therapy sessions the injured worker had post-operative. The injured worker does not meet the guidelines for the additional 8 physical therapy sessions; therefore request is not medically necessary.

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

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

**Physical therapy for the right shoulder, twice weekly for four weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26- 27 the recommended amount of postsurgical treatment visits allowable are:  
Acromioclavicular joint dislocation (ICD9 831.04): AC separation, type III+: 8 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9): Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 6 months. Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0): Postsurgical treatment: 20 visits over 10 weeks. Postsurgical physical medicine treatment period: 6 months. Complete rupture of rotator cuff (ICD9 727.61; 727.6): Postsurgical treatment: 40 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. Dislocation of shoulder (ICD9 831): Postsurgical treatment (Bankart): 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. Fracture of humerus (ICD9 812): Postsurgical treatment: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. Postsurgical treatment, open: 30 visits over 18 weeks. Postsurgical physical medicine treatment period: 6 months. Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. The guidelines recommend initial course of therapy to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the claimant has exceeded the maximum amount of visits allowed. Therefore the request is not medically necessary.

