

<b>Case Number:</b>	CM15-0062141		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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

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 43-year-old female, who sustained an industrial injury on 3/20/2014. She reported working as a personal care aide, when a patient grabbed her right hand and started to shake her arm back and forth. The injured worker was diagnosed as having right shoulder pain, status post arthroscopic repair, left shoulder impingement, and cervicalgia, with numbness and tingling of the right upper extremity. Treatment to date has included diagnostics, surgical intervention (9/03/2014), medications, and "extensive" physical therapy. Currently, the injured worker complains of pain in the right shoulder, mainly activity related, with radiation to the right arm. There was also an issue of numbness and tingling in the hand during exercises that was happening for 2-3 months. Current medication regime was not noted. She received a right shoulder subacromial space injection using Depo-Medrol and Marcaine. The treatment plan included additional physical therapy for the right shoulder to provide strength and range of motion, and physical therapy for the left shoulder, to address the compensatory pain. On 1/09/2015, she had completed 17/24 physical therapy sessions. A physical therapy progress note, dated 2/27/2015, was noted as visit #21, and noted a pain level of 4/10 at rest. It was documented that she demonstrated good compliance with home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postsurgical physical therapy, 8 sessions for the bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: 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. In this case, there is insufficient evidence of functional improvement from the exam note of 2/22/15 or reason why a home based program cannot be performed to warrant further visits. Therefore, the request is not medically necessary.