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| <b>Case Number:</b>   | CM14-0007511 |                              |            |
| <b>Date Assigned:</b> | 02/10/2014   | <b>Date of Injury:</b>       | 08/21/2012 |
| <b>Decision Date:</b> | 08/06/2014   | <b>UR Denial Date:</b>       | 01/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/21/2014 |

### 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 Occupational Medicine 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:

The patient is a 41 year old male who has submitted a claim for left knee pain, and bilateral carpal tunnel syndrome, status post left knee arthroscopy (02/27/2013), status post right shoulder surgery (05/22/2013); associated with an industrial injury date of 08/21/2012. Medical records from 2013 were reviewed and showed that patient complained of right shoulder pain. Physical examination showed hyperpigmented areas of anterior and posterior aspect of the shoulder consistent with previous blistering reaction secondary to tape allergy. Modest tenderness was elicited over the anterior aspect of the right rotator cuff. There was no significant tenderness with deep palpation over the sternoclavicular or acromioclavicular joint. Range of motion of the right shoulder was limited. Shoulder strength was normal. Sensation was intact. Treatment to date has included medications, physical therapy, and surgery as stated above. A utilization review dated 01/15/2014 denied the request for a follow-up orthopedic consultation because the patient had been recently seen and was told by an orthopedic specialist that he did not need to see him any longer; denied the request for 12 physical therapy sessions because a previous utilization review modified the request to 6 sessions; and denied the request for follow-up pain management consultation because there was no evidence provided to support its medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Physical medicine Page(s): 98, Postsurgical Treatment Guidelines Page(s): 28.

**Decision rationale:** As stated on pages 98-99 of the MTUS Chronic Pain Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Postsurgical Treatment Guidelines recommend 40 visits in 14 weeks over a 6 month period. In this case, the patient underwent open right shoulder surgery on 05/22/2013. Despite post-operative physical therapy, he still complains of right shoulder pain. However, there is no documentation regarding the total number of physical therapy sessions completed, and objective evidence of functional improvement derived from it. Furthermore, having had physical therapy, the patient should be well-versed in a home exercise program. Lastly, the present request as submitted failed to specify the frequency and duration of physical therapy sessions. As such, the request is not medically necessary and appropriate.

**1 FOLLOW UP PAIN MEDICINE CONSULT FOR CHRONIC PAIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultation pages 127 and 156.

**Decision rationale:** Pages 127 and 156 of the ACOEM Guidelines state that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there were no reports of acute pain exacerbation, or pain not amendable to oral medications. The medical records did not reveal uncertainty or complexity of issues on pain management. Furthermore, there was no documentation of failure of current therapies for the patient's pain problems, which may warrant a follow-up consultation with a pain management specialist. There is no clear rationale for the requested service. Therefore, the request is not medically necessary.

**1 FOLLOW UP ORTHO SPECIALIST CONSULT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultation pages 127 and 156.

**Decision rationale:** Pages 127 and 156 of the ACOEM Guidelines state that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, an orthopaedic specialist on 10/04/2013 had seen the patient, and it was noted that patient should follow-up one year from the time of the recommended treatment (i.e., closed manipulation of the shoulder under anesthesia, with or without arthroscopic capsulectomy). However, there was no discussion whether the recommended procedure was performed and no clear rationale for the requested service. Therefore, the request is not medically necessary.