

<b>Case Number:</b>	CM14-0112115		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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:

This is a 63-year-old sustained an injury on 3/1/13. He underwent a right shoulder rotator cuff repair and sub-acromial decompression and biceps tenotomy on 1/6/14. A 7/2/14 note indicated the patient had 34 postoperative PT sessions. Current medications included Tramadol/Acetaminophen, Metaxalone, Naproxen, Omeprazole, Hydrocodone-Acetaminophen, Tizanidine and Oxycodone-Acetaminophen. There was a 5/13/14 MRI of the left shoulder with contrast did not show any evidence of reair of the supraspinatus, acromioplasty had reactive bone marrow. There was a torn intra-articular long head of biceps tendon tendon, markedly attenuated at the level of bicipital groove and likely distally retracted be on the field of view. There is was an ablique chondral fissure with a 2 mm flap at the glenoid. There was a small-moderate subacromial-subdeltoid bursa fusion, nonspecific. 5/14/14 AME opined that the patient was presenting with a full-blown chronic pain syndrome and not recommend further shoulder surgery without a 2nd orthopedic opinion and possibly psychological consult. Orthopedic report of 6/16/14 indicates that Medrol, Dosepak and Naprosyn only helped somewhat. Patient's range of motion in the shoulder was still significantly reduced and patient was also noted to have hyperhidrosis in the left hand, cold sensation involving his left-and hypesthesia to light touch. The assessment was of left shoulder frozen shoulder status post rotator cuff repair for approximately 5 months. There was concern patient is developing early CRPS. Follow up with the pain management specialist to evaluate that was requested. He remained off duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office consultation 99244 Quantity: 1 (Physiatrist Consult (in house) - Left Shoulder):**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd edition, 2004 Page 127.

**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, page 127.

**Decision rationale:** The utilization review determination that is now under review was that the patient should continue with the care of the treating surgeon until it was clear what the diagnosis was. The request for the physiatrist consultation was not approved. However, there was appropriate postoperative care and the patient not only has failed to improve he is now possibly developing chronic regional pain syndrome. This is a red flag and within the scope of expertise of a physiatrist. With the unexpected postoperative complications and a failure to respond to appropriate conservative treatment, MTUS guidelines do support the involvement of the pain physiatrist given the presentation. If indeed the patient has developed a complex regional syndrome involving the physiatrist early in management of that may help reduce the sequelae and progression of this chronic pain illness. Therefore, based upon the available information and the guidelines this request is considered to be medically necessary.

**Physical Therapy Quantity: 12 (Physical Therapy - Left Shoulder/Arm - 2 times a week for 6 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines; Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines; Physical Therapy (updated 04/25/14).

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

**Decision rationale:** There already have been at least 34 postoperative PT sessions without documentation of any substantial improvement whatsoever. Patient's pain levels are high, his range of motion is very limited and he has chronic pain with concern for evolution into a complex regional pain syndrome. MTUS postsurgical treatment guidelines for the shoulder for these diagnoses/repairs recommend up to about 24 sessions already exceeded here. There is no reason to expect that additional PT is going to result in any significant benefit when the 33 that the patient has already had has failed to do so. Therefore based upon the evidence and the guidelines this is not considered to be medically necessary.