

<b>Case Number:</b>	CM14-0120162		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/21/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Family 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 64-year-old female who reported an industrial injury to the right shoulder on 3/21/2011, 3 years ago, attributed to the performance of her usual and customary job tasks. The patient was treated conservatively; however, subsequently underwent right shoulder surgical intervention x3, which led to a right reversed total arthroplasty. The patient complained of continued pain to the right shoulder. The objective findings on examination included well-preserved anatomical alignment: well-healed surgical scar on the anterior side of the right shoulder; stiffness in the right AC joint; restricted internal rotation, extension, and abduction; weakness of motor strength of the right upper extremity compared to the left. It was noted that the patient had two rounds of physical therapy in order to increase range of motion and decreased pain with only limited benefit the treatment plan was for a referral to an orthopedic surgeon for consultation and an additional 2 times 4 quantity of PT directed to the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic consultation quantity 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section.

**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), 2ndEdition, (2004) chapter 7 page 127, Official Disability Guidelines (ODG) Shoulder Chapter--impingement surgical intervention

**Decision rationale:** The request for authorization of a consultation with an Orthopedic Surgeon subsequent to the arthroplasty the right shoulder is not demonstrated to be medically necessary after the patient has received significant physical therapy for rehabilitation of the right shoulder arthroplasty. There are no documented surgical lesions by the requesting physician for which surgical intervention would be medically necessary in addition to the previously performed surgical procedures. There are no documented objective findings by the requesting provider to support the medical necessity of an orthopedic treatment for the diagnoses documented of chronic shoulder pain s/p right shoulder arthroplasty. The patient has been provided ongoing physical therapy with limited improvement to the reported pain. The objective findings on examination demonstrate a reduced range of motion along with tenderness to palpation; however, there is no documented deficit for which a return to an orthopedic surgeon is demonstrated to be medically necessary. There was no rationale provided by the requesting physician supported with objective evidence to support the medical necessity of a return to the operating orthopedic surgeon. The request for an evaluation and treatment with an orthopedic surgeon is not documented to be medically necessary at this time.

**Physical therapy 2 times 4 quantity of 8.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 page 114; Chapter 9 pages 203-04

**Decision rationale:** There was no clinical documentation to support the medical necessity of additional PT over the recommended self-directed home exercise program for the postoperative right shoulder. There is no objective evidence provided to support the medical necessity of additional PT beyond the number recommended by the CA MTUS for strengthening as opposed to the recommended HEP in order to increase range of motion. The patient has completed the CA MTUS recommended number of sessions of the previously authorized PT/physiotherapy and should be integrated into a self-directed home exercise program for conditioning and strengthening. The patient is s/p arthroplasty surgery for the shoulder whereas the California MTUS recommends postoperative rehabilitation over 10 weeks with 24 sessions of PT directed to rehabilitation of the shoulder s/p arthroplasty. The patient has received the CA MTUS recommended number of sessions of PT. The patient is documented to received prior sessions of postoperative rehabilitation physical therapy directed to the shoulder. There is no provided rationale to support the additional 2x4 sessions of post-operative PT. There was no documented muscle atrophy that required more than a simple self-directed home exercise program. The patient was reported to have less than full range of motion and some weakness, however, was not established as participating in a self-directed home exercise program as recommended by evidence-based guidelines. The recommended additional strengthening could be obtained in a self-directed home exercise program. The request exceeds the number of sessions of PT

recommended by the CA MTUS for the postoperative rehabilitation of the shoulder s/p arthroscopy-RCR. The patient is documented to have received prior authorization for a significant number of sessions of PT. The CA MTUS and the Official Disability Guidelines recommend up to 24 sessions over 10 weeks of postoperative care of the shoulder subsequent to shoulder arthroplasty. The patient has received more than the number of sessions recommended by the CA MTUS and should be in a self-directed home exercise program for conditioning and strengthening. There are no diagnoses that could not be addressed with HEP. The request for additional physical therapy over the recommended home exercise program is supported with objective evidence to support medical necessity. The patient has obtained the number of sessions of PT recommended by the CA MTUS for the postoperative rehabilitation of the shoulder. There is no evidence that the exercise program for the shoulder could not continue with HEP. The recent sessions of PT have not resulted in functional improvement and may be due to functional limits. There is no demonstrated medical necessity for an additional 2x4 sessions of post operative PT.