

<b>Case Number:</b>	CM14-0200359		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	01/26/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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: Physical Medicine & Rehabilitation

### 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 52-year-old female, who sustained an industrial injury on 1/26/2011. The diagnoses have included adhesive capsulitis of shoulder and unspecified adverse effect of other drug, medicinal and biological substance. Treatment to date has included surgical (lumbar spinal surgery 2/2014 and left shoulder surgery 6/2014) and conservative interventions. Magnetic resonance imaging of the left shoulder, dated 7/19/2011, showed partial thickness tear of the humeral surface fibers of the distal supraspinatus tendon, glenohumeral joint effusion, and infraspinatus tendonosis. On 9/23/2014, the injured worker complained of neck and back pain and marked limitation of motion of her left shoulder status post surgery. Exam of the left shoulder noted well healed scars. An injection of Lidocaine and Dexamethasone was administered to her left shoulder subacromial space, noting good symptomatic relief. Restricted abduction strength and external rotation strength was 4/5. Physical therapy notes were submitted (8/11/2014-10/16/2014). The note dated 10/16/2014, noted that 16 visits were completed to date. On 11/12/2014, Utilization Review (UR) non-certified a request for manipulation under anesthesia, noting the lack of compliance with Official Disability Guidelines (ODG). The UR modified a request for physical therapy left shoulder (18 visits) to physical therapy left shoulder (2 additional visits), citing MTUS and Non-MTUS Guidelines. The UR non-certified a request for vascutherm for cold therapy left shoulder (21 day rental), citing ODG. The UR non-certified a request for a caregiver (4-8 hours per day, 5 days per week), citing ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation under anesthesia: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Shoulder chapter, MUA.

**Decision rationale:** The 52-year-old patient presents with low back pain, rated at 8/10, as per progress report dated 11/04/14. The request is for MANIPULATION UNDER ANESTHESIA. There is no RFA for this case, and the patient's date of injury is 01/26/11. The patient is status post lumbar discectomy in February 2014, as per progress report dated 11/04/14. Medications include Naproxen, Omeprazole and Norco. As per progress report dated 09/23/14, the patient is status post left shoulder surgery, and complains of neck pain and back pain. Diagnoses, as per the same progress report, included frozen left shoulder, chronic low back postoperatively, and depression. The patient is temporarily totally disabled, as per progress report dated 09/23/14. ODG guidelines under its Shoulder chapter states that MUA is under study and may be an option for adhesive capsulitis. "MUA may be recommended as an option in primary frozen shoulder to restore early range of movement and to improve early function in this often protracted and frustrating condition." In this case, none of the progress reports discuss this request. However, the patient has been diagnosed with frozen left shoulder and has resisted abduction and external rotation, as per progress report dated 09/23/14. ODG guidelines support the use of MUA in such cases to improve function. The current request meets the criteria outlined by the ODG and IS medically necessary.

**Physical therapy for the left shoulder, three times weekly for six 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 Guidelines Page(s): 26-27.

**Decision rationale:** The 52-year-old patient presents with low back pain, rated at 8/10, as per progress report dated 11/04/14. The request is for PHYSICAL THERAPY FOR THE LEFT SHOULDER, THREE TIMES WEEKLY FOR SIX WEEKS. There is no RFA for this case, and the patient's date of injury is 01/26/11. The patient is status post lumbar discectomy in February 2014, as per progress report dated 11/04/14. Medications include Naproxen, Omeprazole and Norco. As per progress report dated 09/23/14, the patient is status post left shoulder surgery, and complains of neck pain and back pain. Diagnoses, as per the same progress report, included frozen left shoulder, chronic low back postoperatively, and depression. The patient is temporarily totally disabled, as per progress report dated 09/23/14. MTUS post-surgical guidelines, pages 26 and 27, recommend 24 visits over 14 weeks with time frame for treatment of 6 months. In this

case, the patient is status post left shoulder arthroscopy, subacromial decompression, AC joint resection and debridement, as per progress report dated 09/23/14. While the progress reports do not document the date of the surgery, the UR letter states that the surgery was on 06/30/14. In progress report dated 09/23/14, the treater states that the patient is undergoing 18 sessions of physical therapy. The treater, however, does not document the impact of prior therapy on pain and function. Additionally, the current request of 18 sessions exceeds what is allowed by MTUS in post-operative cases. Hence, the request IS NOT medically necessary.

**Twenty-one day rental of Vascutherm for cold therapy with deep vein thrombosis prophylaxis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous-Flow Cryotherapy Chapter and Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Knee & Leg (Acute & Chronic)' and topic 'Venous Thrombosis'.

**Decision rationale:** The 52-year-old patient presents with low back pain, rated at 8/10, as per progress report dated 11/04/14. The request is for TWENTY-ONE DAY RENTAL OF VASCUTHERM FOR COLD THERAPY WITH DEEP VEIN THROMBOSIS PROPHYLAXIS. There is no RFA for this case, and the patient's date of injury is 01/26/11. The patient is status post lumbar discectomy in February 2014, as per progress report dated 11/04/14. Medications include Naproxen, Omeprazole and Norco. As per progress report dated 09/23/14, the patient is status post left shoulder surgery, and complains of neck pain and back pain. Diagnoses, as per the same progress report, included frozen left shoulder, chronic low back postoperatively, and depression. The patient is temporarily totally disabled, as per progress report dated 09/23/14. MTUS is silent about Vascutherm. However, ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and topic 'Venous Thrombosis', allow for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. Regarding Vascutherm with DVT prophylaxis, ODG states that ASA may be the most effective choice to prevent PE and DVT in patients undergoing orthopedic surgery, but even ASA patients should receive sequential compression as needed. When looking at various devices, data from Million Women Study in the UK suggested that the risk of DVT after pelvic and acetabular surgery is greater and lasts for longer than has previously been appreciated. They showed that the risk is greatest in the first six weeks following surgery, peaking around three weeks afterward. In this case, the patient is status post left shoulder surgery, as per progress report dated 09/23/14. The treater is requesting for vascutherm unit "post operatively for cold therapy with DVT prophylaxis," in progress report dated 06/29/14. However, ODG guidelines recommend only 7 days of post-operative use. The treater's request for a 21 day rental exceeds this recommendation and IS NOT medically necessary.

**Caregiver, four to eight hours daily, five days weekly: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home services Page(s): 51.

**Decision rationale:** The 52-year-old patient presents with low back pain, rated at 8/10, as per progress report dated 11/04/14. The request is for CAREGIVER, 4 TO 8 HOURS DAILY, 5 DAYS WEEKLY. There is no RFA for this case, and the patient's date of injury is 01/26/11. The patient is status post lumbar discectomy in February 2014, as per progress report dated 11/04/14. Medications include Naproxen, Omeprazole and Norco. As per progress report dated 09/23/14, the patient is status post left shoulder surgery, and complains of neck pain and back pain. Diagnoses, as per the same progress report, included frozen left shoulder, chronic low back postoperatively, and depression. The patient is temporarily totally disabled, as per progress report dated 09/23/14. MTUS page 51 has the following regarding home services, "recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis generally up to no more than 35 hours per week. Medical treatments do not include homemaker services like shopping, cleaning, and laundry and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the request for home care is noted in progress report dated 08/19/14. The purpose is to "help with hygiene and household chores." However, MTUS states that medical treatments do not include household chores and personal care. As these appear to be main types of care needed, this request IS NOT medically necessary.