

<b>Case Number:</b>	CM14-0210372		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine Pain Management 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 58 year old male with an injury date of 01/24/11. Based on the 09/12/14 progress report, the patient has gastritis, hypertension, and chronic pain syndrome. On 09/04/14, the patient underwent a left shoulder biceps tenodesis, arthroscopic subacromial decompression, rotator cuff repair, and an AC joint excision. The 10/10/14 report indicates that the patient has difficulty sleeping due to pain, left shoulder stiffness, and a limited left shoulder range of motion. No further exam findings were provided. The 11/04/14 report states that the patient has aching pain and weakness in his left shoulder. He has occasional tingling in his fingers. He has difficulty sleeping due to stress/depression/high blood pressure. The patient has crepitus and swelling in his left knee. The patient's diagnoses include the following: Follow-up surgery NOS. The utilization review determination being challenged is dated 11/11/14. Treatment reports were provided from 05/27/14- 11/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the left shoulder, 2 times a week for 6 weeks; 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical physical therapy for shoulders Page(s): 26 and 27.

**Decision rationale:** The patient presents with left shoulder weakness/achiness pain and left knee crepitus/swelling. The request is for 12 sessions of Physical Therapy for the left shoulder (2 times a week for 6 weeks). On 09/04/14, the patient underwent a left shoulder biceps tenodesis, arthroscopic subacromial decompression, rotator cuff repair, and an AC joint excision. MTUS Guidelines pages 26-27 regarding post-surgical physical therapy for the shoulders allow for 24 visits over 14 weeks for rotator cuff syndrome/Impingement syndrome. In this case, the patient had a left shoulder biceps tenodesis, arthroscopic subacromial decompression, rotator cuff repair, and an AC joint excision on 09/04/14. The patient is still within the post-operative time frame. As of 08/01/14, the patient had 16 sessions of physical therapy. The 08/01/14 physical therapy note states that the patient "does not believe therapy is helping with the pain and would like other options to manage it." The utilization review denial letter states that the patient was authorized 12 sessions of physical therapy on 10/16/14. The patient has already had 16 sessions of therapy and is authorized for 12 more sessions, which is a total of 28 sessions. An additional 12 sessions of therapy would exceed what is allowed by MTUS Guidelines. Furthermore, the patient does not feel that physical therapy is helping his pain. The requested 12 sessions of Physical Therapy is not medically necessary.

**Consultation and Treatment with Psychologist:** Upheld

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

**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, Consultation.

**Decision rationale:** The patient presents with left shoulder weakness/achiness pain and left knee crepitus/swelling. The request is for Consultation and Treatment with Psychologist for depression. The Utilization Review denial rationale is that there is "limited documentation of functional deficits resulting from the noted depression to support the request. Moreover, the claimant's depression is related to pain." On 09/04/14, the patient underwent a left shoulder biceps tenodesis, arthroscopic subacromial decompression, rotator cuff repair, and an AC joint excision. ACOEM Practice Guidelines, second edition of (2004), page 127 has the following, "Occupational Health Practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan of course of care may benefit from additional expertise." In this case, the provider is requesting for both a consultation and treatment with a psychologist. The patient has "difficulty sleeping due to stress/depression/high blood pressure- wants referral to psychologist." The patient has left shoulder weakness/achiness and is having problems sleeping due to his pain. A consultation appears reasonable; however, the treatment depends on the psychologist's diagnoses. Since both requests cannot be authorized, the requested consultation and treatment with psychologist is not medically necessary.

