

<b>Case Number:</b>	CM15-0082637		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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, Hawaii  
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 44-year-old male, with a reported date of injury of 06/26/2014. The diagnoses include left shoulder rotator cuff tear and status post left shoulder arthroscopy. Treatments to date have included an MRI of the left shoulder that showed a SLAP lesion and rupture of the long head biceps, x-rays of the left shoulder which revealed lesions, physical therapy, left shoulder arthroscopy with subacromial decompression, resection of SLAP lesion and rotator cuff repair on 10/27/2014, post-operative physical therapy, and oral medications. The Initial Comprehensive Orthopedic Surgery Evaluation dated 02/20/2015 indicates that the injured worker complained of intermittent left shoulder pain, rated 4-5 out of 10. He indicated that the pain was worsening. It was noted that there was cracking in the shoulder. The injured worker also complained of occasional left shoulder pain that was rated 2 out of 10; and occasional left bicep pain, which he rated 6-7 out of 10 without medications. The physical examination showed tenderness to palpation in the left shoulder, moderate tenderness at the supraspinatus and infraspinatus on the left, mild crepitus with left shoulder range of motion, and decreased left shoulder range of motion. The treating physician requested Sudoscan Testing and Autonomic Nervous System Function Test to track treatment progress/functional improvement; and twelve physical therapy sessions for the left shoulder to help decrease current pain levels while helping to increase strength, range of motion, and functional capabilities. On 03/25/2015, Utilization Review (UR) denied the request because it was unclear why the testing was being ordered and unclear how the testing would affect the injured worker's work-related injury. It was also noted that the testing was not considered standard of care to manage the injured worker's rotator cuff injury. The UR physician modified the request to eight physical therapy sessions two times per week for four weeks to help restore function.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Sudoscan Testing and Autonomic nervous function test: 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, Autonomic Nervous System Function Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, CRPS, diagnostic tests.

**Decision rationale:** The patient presents with intermittent left shoulder pain that is worsening. There is also cracking in the shoulder. The patient also presents with occasional left elbow and left bicep pain. The current request is for Sudoscan testing and autonomic nervous function test. The QME states on 2/20/15 (11B) "I am recommending the patient have the following lab tests performed: Autonomic nervous system and Sudoscan testing." He continues "Autonomic nervous system diagnostic testing is critical and medically necessary in order to objectively measure the patient's cardiac, respiratory and peripheral autonomic nervous system functioning and screen for any signs of symptoms arising out of the industrial injury that are known, with reasonable medical probability, to be influenced or aggravated by autonomic imbalance and dysfunction." MTUS Guidelines do not provide information for the requested treatment. The ODG's state, "Not generally recommended as a diagnostic test. There should be evidence that the Budapest (Hardin) criteria have been evaluated for and fulfilled. There should be evidence that all other diagnoses have been ruled out." In this case, the clinical history has documented that the patient has decreased range of motion. There is no discussion that the Budapest (Hardin) diagnostic criteria testing for CRPS has been performed as recommended by the ODG guidelines. Therefore, the requested treatment is not medically necessary and recommendation is for denial.

### **Physical Therapy for the left shoulder, twice a week for four weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 27.

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

**Decision rationale:** The patient presents with intermittent left shoulder pain that is worsening. There is also cracking in the shoulder. The patient also presents with occasional left elbow and left bicep pain. The current request is for physical therapy for the left shoulder, three times a week for four weeks (12 total). UR modified the request to twice a week for four weeks (8 total). The patient was previously approved and has completed 12 physical therapy visits. At the

time of the request the patient is status post left shoulder arthroscopy with endoscopic subacromial decompression and resection on type-2 SLAP lesion with arthroscopic rotator cuff repair on 10/27/14. The QME states on 2/20/15 (13B) "I would like to submit authorization for post op PT (12) sessions to help improve functional capabilities through increased strength and range of motion while decreasing post op pain and stiffness." MTUS Post-Surgical Treatment Guidelines (PSTG) recommend up to 24 visits of physical therapy over a 14-week period for arthroscopic repair of the rotator cuff tear. In this case, the QME has documented that the patient requires additional physical therapy to improve strength and address reduced left shoulder ranges of motion. The patient was previously approved and has completed 12 physical therapy visits. The MTUS PSTG allows for up to 24 visits and the QME has requested an additional 12 visits. There is documented improvement in left shoulder ranges of motion and the QME has recommended care that falls within the MTUS PSTG. The request is medically necessary and recommendation is for authorization.