

<b>Case Number:</b>	CM14-0213811		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/29/2010
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 & Rehabn, Pain Management

### 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 had an original date of industrial injury on March 29, 2010. The industrial diagnoses includes chronic shoulder pain. The worker has had left shoulder surgery with decompression and resection arthroplasty of the distal clavicle in October 2011 and then total shoulder arthroplasty on 7/25/2014. The patient is on Norco, Cymbalta, Restoril, Gralise, and Abilify. The disputed issues include a request for eight sessions of additional physical therapy and a three-month office visit follow-up. A utilization determination had non-certified both of these requests. The rationale for the non certification of the physical therapy was that there was limited information as to "what is limiting the range of motion are causing the popping or weakness or the tight sensation" in the shoulder. The reviewer also noted that prior physical therapy did not appear to result in functional progress or increase range of motion. With regard to the three month follow-up visit, the reviewer felt that the follow-up should be sooner than three months. The reviewer also stated that "the it is not evident in the material at hand and is necessary to know to move the case forward.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Additional) physical therapy x 8: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10-12, 26-27.

**Decision rationale:** Postsurgical Treatment Guidelines, pages 26-27 specify the following with regard to post-operative shoulder physical therapy: "Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified): Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks" Regarding the request for physical therapy, California MTUS do not have specific guidelines regarding total shoulder arthroplasty. Certainly if most arthroscopic surgeries require 24 sessions of post-operative physical therapy, then this type of surgery would warrant a greater number of visits. Therefore, the post-operative course should be a case by case basis. There is documentation that the patient has attended 24 visits as of November 17, 2014. The progress notes from 11/6/2014 indicate the patient is progressing, but at slower than anticipated rate. A progress note from 12/4/2014 indicates there is still limitation of flexion to 100 degrees and abduction to 60 degrees. Therefore, it is reasonable to extend physical therapy an additional 8 visits given the extent of a total shoulder arthroplasty. The current request for physical therapy is medically necessary.

**Follow-up in three months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

**Decision rationale:** Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. The patient is on Norco, Cymbalta, Restoril, Gralise, and Abilify. These all require routine follow up and monitoring. The patient also is recommended to continue physical therapy and the outcome and progression of this should be monitored. In light of the above issues, the requested follow-up visit is medically necessary.

