

<b>Case Number:</b>	CM15-0014173		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	03/04/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 67- year old female, who sustained an industrial injury on March 4, 2010. She has reported tripping over a carpet and causing injuries to the right knee, left wrist/hand and right wrist/hand. The diagnoses have included rotator cuff arthropathy, pseudoparalysis, shoulder joint pain, sciatica, chronic pain due to trauma, seizure disorder, degenerative joint disease of the lumbar spine, left shoulder pain. Treatment to date has included physical therapy, heat/ice therapy, oral medications to include opioids and muscle relaxants, support braces, shoulder surgery and routing follow up. Currently, the IW complains of pain in the lower back, left arm and bilateral legs worse on the right than the left. Pain had been ongoing for four years. Pain was described as constant and was aching, dull and shooting. Pain radiated down the back, left shoulder, left lower extremity and right lower extremity. Pain was rated on a range of four to eight. Pain is worsened by lying flat and movement. On December 19, 2014, the Utilization Review decision modified a request for an inpatient stay of three days and post-operative occupational therapy up to twenty-four visits and approved a one-day hospital stay and up to 12 occupational therapy visits. The rationale for this decision noted the hospital stay for this procedure stay should be a target of two days and post-operative occupational therapy should include up to 12 visits. The MTUS, Post-Surgical Shoulder Complaints, the Chronic Pain Medical Treatment Guidelines, and the ODG Shoulder Chapter was cited. On January 19, 2015, the injured worker submitted an application for IMR for review of an inpatient stay of three days and post-operative occupational therapy up to twenty-four visits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Inpatient Stay x1 Day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Length of Stay

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Hospital length of stay

**Decision rationale:** Hospital length of stay (LOS) ODG <http://www.odg-twc.com/index.html> According to ODG guidelines, Hospital length of stay- Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For retrospective benchmarking of a series of cases, mean may be a better choice because of the effect of outliers on the average length of stay. Length of stay is the number of nights the patient remained in the hospital for that stay, and a patient admitted and discharged on the same day would have a length of stay of zero. The total number of days is typically measured in multiples of a 24-hour day that a patient occupies a hospital bed, so a 23-hour admission would have a length of stay of zero. (HCUP, 2011)ODG hospital length of stay (LOS) guidelines: Total Shoulder (icd 81.80 - Total shoulder replacement) Actual data -median 2 days; mean 2.3 days ( 0.0); discharges 26,660; charges (mean) \$46,431Best practice target (no complications) - 2 daysPartial Shoulder (icd 81.81 - Partial shoulder replacement) Actual data - median 2 days; mean 3.0 days (0.1); discharges 19,734; charges (mean) \$41,353Best practice target (no complications) - 2 days Revision Arthroplasty (icd 81.83 - Other repair of shoulder)Actual data - median 1 day; mean 2.1 days (0.1); discharges 5,089; charges (mean) \$31,326Best practice target (no complications) -1 days Reverse Shoulder (icd 81.88 - Reverse total shoulder replacement)Actual data -- median 2 days; mean 2.5 days ( 0.04); discharges 23,505; charges (mean) \$66,086Best practice target (no complications) -2 days Rotator Cuff Repair (icd 83.63 - Rotator cuff repair) Actual data -- median 1 day; mean 1.8 days (0.1); discharges 8,657; charges (mean) \$22,569-Best practice target (no complications) – outpatient Destruction Shoulder Lesion (icd 80.81 - Other local excision or destruction of lesion of joint) Actual data- median 2 day; mean 4.3 days (0.3); discharges 6,138; charges (mean) \$36,336- Best practice target (no complications) - - 2 days Closed Reduction (icd 79.71 - Closed reduction of dislocation of shoulder) Actual data - -median 3 days; mean 3.5 days (0.2); discharges 3,895; charges (mean) \$21,797-Best practice target (no complications)- 3 days Arthroscopy (icd 80.11 - Other arthroscopy shoulder) Actual data-median 5 days; mean 7.2 days (0.5); discharges 1,300; charges (mean) \$46,222-Best practice target (no complications) - 5 daysArthroscopy (icd 80.21 - Arthroscopy shoulder)Actual data - median 1 day; mean 2.7 days (0.4); discharges 873; charges (mean) \$33,234-Best practice target (no complications) – outpatient-Recurrent Dislocation (icd 81.82 - Repair of recurrent dislocation of shoulder)Actual data - median 1 day; mean 2.3 days (0.4); discharges 766; charges (mean) \$28,434Best practice target (no complications) – outpatient- Based on ODG guidelines, 2 days of in patient hospital admission is recommended in case of total

shoulder replacement. The provider requested 3 days of hospitalization which is not recommended by the guidelines. Therefore, the request is not medically necessary.

**Postop Occupational Therapy Up To x12 Sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** According to MTUS guidelines, Physical Medicine is Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). There is no documentation of objective findings that the patient condition needed physical therapy and not home exercise. Therefore Postop Occupational Therapy Up to x12 Sessions is not medically necessary.