

<b>Case Number:</b>	CM15-0176605		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	09/02/2014
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 47 year old male, who sustained an industrial injury on 9-2-14. The injured worker was diagnosed as having left shoulder rotator cuff tear; strain of rotator cuff right shoulder due to overuse from left; septic joint left shoulder wound infection; obesity; Type II or unspecified type diabetes without mention of complication, not stated as uncontrolled; left shoulder arthrofibrosis. Treatment to date has included status post left shoulder arthroscopy rotator cuff repair (11-17-14); status post wound infection with incision and drainage (1-9-15); left shoulder injection; physical therapy; medications. Diagnostics studies included X-rays left shoulder (6-25-15); MRI left shoulder (7-3-15). Currently, the PR-2 notes dated 7-22-15 indicated the injured worker complains of still marked pain to left shoulder and unable to lift objects above his head due to pain and weakness on the left. The provider documents "Pain as severe as 8 out of 10 current meds helping but when run out painful." The injured worker is a status post left shoulder arthroscopy rotator cuff repair, subpectoral biceps tenodesis, and subacromial decompression with acromioplasty on 11-17-14 (operative records were submitted). The injured worker developed a wound infection of the left shoulder operative site and an incision and drainage of the left shoulder with excision of sinus tract, hardware removal and harvest of deep cultures was completed on 1-9-15. The injured worker then began postoperative physical therapy. The provider lists the injured worker's current medications as "blood glucose meter kit; blood glucose test strip test strip; cyclobenzaprine (Flexeril) 5mg oral tablet; diphenhydramine (Benadryl Maximum Strength) 2% topical spray and diphenhydramine (Benadryl) 25mg capsule; gabapentin (Neurotin) 300mg capsule; hydrochlorothiazide

(Microzide) 12.5mg capsule; lancets (OneTouch Delica Lancets) 33 gauge Misc; Lisinopril (Zestril) 20mg oral tablet; magnesium hydroxide (Milk of Magnesia) oral suspension and metformin (Glucophage) 500mg oral tablet." On physical examination of the left shoulder the provider documents "left shoulder painful to move with restriction of abduction to 150 degrees and restricted to forward flexion to 165 degrees, tender to palpation to left shoulder; from cervical spine without restriction and no pain radiation to shoulder with neck movements, CR <2 sec to hands." The provider reviews a MRI of the left shoulder dated 7-7-15 documented impression "Status post distal supraspinatus tendon. Minimal undersurface signal is present which may be related to small residual undersurface tear verses postoperative change. No full-thickness rotator cuff tear. No MRI evidence of residual infection. Status post biceps tenodesis." On this date, the treatment plan included a recommendation of a manipulation under anesthesia for the left shoulder. There was "No plan for injections for now as wish not to complicate recovery due to prior infections to shoulder. No change in meds except to add Benadryl topical and PO prn for itching." A Request for Authorization is dated 9-8-15. On 8-18-15, a peer-to-peer conversation with the provider took place. Utilization Review discussed the guidelines and notes "it was indicated that he was unaware of the application of the guidelines regarding the loss of abduction under 90 degrees to be necessary prior to the indication for this procedure. As a result of this conversation, a Utilization Review letter is dated 8-18-15 non-certified the request for Left shoulder manipulation under anesthesia; Post-operative physical therapy 2 -3 times a week for 6 weeks and Continuous passive motion for 4 weeks. Utilization Review denied the requested treatment for not meeting ODG Guidelines for "Manipulation under anesthesia (MUA)". The provider is requesting authorization of Left shoulder manipulation under anesthesia; Post- operative physical therapy 2 -3 times a week for 6 weeks and Continuous passive motion for 4 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left shoulder manipulation under anesthesia: 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, Manipulation under anesthesia (MUA).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder manipulation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states shoulder manipulation is under investigation for patients with adhesive capsulitis and significant restriction in range of motion (less than 90 degrees). The patient must also have failed other conservative therapy. The patients documented physical exam does not show the significant restriction in range of motion. Therefore the request is not medically necessary.

**Post-operative physical therapy 2 -3 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The California chronic pain medical treatment guidelines section on physical medicine states: 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) Physical Medicine Guidelines:-Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks-Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The requested surgical Intervention has been denied and the request is also thus medically not necessary.

**Continuous passive motion for 4 weeks:** 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, Continuous passive motion (CPM).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CPM.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states CPM therapy is indicated after certain surgical procedures for up to 21 days. In this case the surgical procedure has been denied and therefore the request is not medically necessary.