

<b>Case Number:</b>	CM15-0094333		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 43-year-old who has filed a claim for chronic wrist, shoulder, hand, and wrist pain reportedly associated with an industrial injury of May 7, 2013. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy, a pain management follow-up visit, and an orthopedic follow-up visit. The claims administrator referenced progress notes of March 25, 2015 and December 20, 2014 in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the determination and, moreover, were mislabeled as originating from the MTUS. The claims administrator seemingly suggested that the attending provider's documentation was insufficient to support the request at hand. The applicant's attorney subsequently appealed. On January 26, 2015, the applicant underwent a left shoulder arthroscopic rotator cuff repair procedure with distal claviclectomy. In a handwritten note dated March 25, 2015, the applicant reported ongoing complaints of shoulder and wrist pain. Large portions of the progress note were difficult to follow and comprised of preprinted checkboxes. Consultation and/or follow-up visits with a pain management specialist, a sleep specialist, an internist, and an orthopedist were all sought. It was again noted that the applicant had undergone failed shoulder surgery. Twelve sessions of acupuncture were proposed. The applicant's work status was not explicitly stated, although the applicant did not appear to be working. The applicant was placed off of work, on total temporary disability, for six weeks, it was incidentally noted. In a March 30, 2015 progress note, it was stated that the applicant had undergone earlier shoulder rotator cuff repair surgery on January 26, 2015. The applicant's work

status was not clearly detailed. Twelve sessions of physical therapy were endorsed. The note was very thinly and sparsely developed. A medical-legal evaluation dated March 17, 2015 acknowledged that the applicant was not working and had not worked since April 2014. Multifocal complaints of neck, left shoulder, hand, wrist, and low back pain with derivative complaints of sleep disturbance and psychological stress were reported. The applicant had been deemed a qualified injured worker, it was stated.

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

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

**Physical therapy 2 times a week for 6 weeks for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** No, the request for 12 sessions of physical therapy for the left shoulder was not medically necessary, medically appropriate, or indicated here. The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier shoulder surgery of January 26, 2015 as of the date of the request, March 25, 2015. While the Postsurgical Treatment Guidelines do support up to 24 sessions of physical therapy following surgery for rotator cuff syndrome or impingement syndrome, as apparently transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c4b to the effect that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine treatment in applicants who fail to demonstrate functional improvement. Here, the applicant seemingly remained off of work as of the date of the request, March 25, 2015, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of postoperative physical therapy through the date of the request. The attending provider's thinly developed, handwritten note of March 25, 2015 did not establish the presence of significant or material improvements in function effected as a result of prior unspecified amounts of physical therapy through the date of the request. Therefore, the request was not medically necessary.

**Pain management follow up visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Conversely, the request for a pain management follow-up visit was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted even in

those applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant was off of work, on total temporary disability, as of the date of the request. Multifocal pain complaints persisted. Earlier treatments, including shoulder surgery, physical therapy, medications, etc., had seemingly proven unsuccessful. Obtaining a follow-up visit with the applicant's pain management physician, thus, was indicated on several levels, including for medication management and/or disability management purposes. Therefore, the request was medically necessary.

**Orthopedic follow up visit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** Finally, the request for an orthopedic follow-up visit was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from visit to visit. Here, as with the preceding request, the applicant was off of work. The applicant had recently undergone shoulder surgery some two months prior, it was stated above. Obtaining a follow-up visit with the applicant's shoulder surgeon to monitor postsurgical progress and/or to determine the technical success of the procedure was, thus, indicated. Therefore, the request was medically necessary.