

Case Number:	CM13-0000228		
Date Assigned:	05/02/2014	Date of Injury:	03/16/2013
Decision Date:	07/08/2014	UR Denial Date:	04/04/2013
Priority:	Standard	Application Received:	04/22/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old male who was injured on 03/16/2013 while lifting a 40-50 pound pipe into place and who jerked back suddenly when the pipe was dropped by the other employee; this resulted in sudden sharp burning sensation in the left shoulder. Prior treatment history has included medications including Nabumetone 750 mg, hydrocodone /acetaminophen 5/325 mg; polar frost 150 ml 5 oz. gel tube; arm sling; hot/cold therapy pack, moist heat pad, physical therapy, and acupuncture therapy 6 visits. Physical therapy note dated 01/28/2014 indicates patient presents for visit 6 of 6. Pain in the left shoulder rated as 0-8/10. On exam, the patient continues to make steady progress with physical therapy intervention. The remaining notes are illegible. Left shoulder range of motion (ROM) exhibits on flexion to 150; extension to 58; abduction to 150; adduction to 48; internal rotation to 70; external rotation to 33; Left Passive Range Of Motion (PROM): flexion to approximately 170; extension to 60; abduction to 170; adduction to 50; internal rotation to 80; and external rotation to 80. Muscle strength on the left is 4/5 in all planes except external rotation is 3/5; Elbow active Range of Motion (ROM) is 90; Left Passive Range Of Motion (PROM) is 90 and motor strength of the elbow is 4/5 in all planes except for supination and pronation is 5/5. Grip strength is 60, 55, 55, 108 on the left; grip strength on the right is 105, 105, 100, and 108.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL ACUPUNCTURE TO THE LEFT SHOULDER QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

Decision rationale: According to CA MTUS acupuncture medical treatment guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. According to the medical records, the patient sustained an industrial injury to the left shoulder on 3/16/2013. Records provided for review are post-operative Physical therapy progress notes, which indicate the patient underwent left shoulder rotator cuff repair on 10/7/2013. There are no other records included, except for a 4/4/2013 utilization review report that included non-certifications for these requests. The request for initial acupuncture is not deemed medically necessary as the medical records do not establish failure of standard conservative measures for treatment of acute injuries, the medical records do not establish medications are not tolerated or reduced. Therefore, the request for six (6) initial acupuncture sessions to the left shoulder is not medically necessary and appropriate.

ARM SLING UNIVERSAL QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to the ACOEM guidelines, brief use of a sling for severe shoulder pain (1 to 2 days), with pendulum exercises to prevent stiffness in cases of rotator cuff conditions is recommended. The request for sling is not supported. The medical records do not include a physician's report with description of subjective and objective findings that support the medical necessity of the request. Except in the initial acute injury stage with existence of severe pain or initial post-operative stage, a sling is not indicated. Therefore, the request for arm sling universal is not medically necessary and appropriate.

HOT/COLD THERAPY PACK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

Decision rationale: According to the ACOEM guidelines, "Musculoskeletal symptoms can be managed with a combination of heat or cold therapy, short-term pharmacotherapy (oral medication), a short period of inactivity, specific recommendations regarding employment and

recreational activities, and judicious mobilization and resumption of activity, even before the patient is pain-free." The medical records do not include an accompanying physician's report with documented subjective complaint and objective examination findings that establishes the request is warranted. Therefore, the request for hot/cold therapy pack is not medically necessary and appropriate.

MOIST HEAT PAD: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

Decision rationale: According to the ACOEM guidelines, "Musculoskeletal symptoms can be managed with a combination of heat or cold therapy, short-term pharmacotherapy (oral medication), a short period of inactivity, specific recommendations regarding employment and recreational activities, and judicious mobilization and resumption of activity, even before the patient is pain-free." The medical records do not include an accompanying physician's report with documented subjective complaint and objective examination findings that establishes the request is warranted. Therefore, the request for moist heat pad is not medically necessary and appropriate.

■■■■■ 2 SPEED ALL BODY REHAB MASSAGER WITH HEAT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Durable Medical Equipment

Decision rationale: According to the Official Disability Guidelines, DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME), which is defined as equipment which:(1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients;(2) Is primarily and customarily used to serve a medical purpose;(3) Generally is not useful to a person in the absence of illness or injury; and (4) Is appropriate for use in a patient's home. A heat massager device does not meet the criteria of a DME, it is not medical in nature. Therefore, the request for ■■■■■ 2 speed all body rehab massager with heat is not medically necessary and appropriate.