

Case Number:	CM13-0018648		
Date Assigned:	11/06/2013	Date of Injury:	03/01/2012
Decision Date:	01/27/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, and is licensed to practice in California. 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 physician 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 39-year-old female who reported an injury on 03/01/2012. The mechanism of injury was noted to be cumulative exposure. Her diagnoses include right shoulder pain, right parascapular muscle strain, right levator scapula muscle spasm, right shoulder impingement syndrome, right supraspinatus muscle atrophy, and bilateral hand crepitus. Her symptoms include right shoulder slight pain with repetitive, prolonged, or heavy reaching with the right hand above the level of the right shoulder or behind her back, and bilateral hand crepitation with gripping. The most recent physical exam findings provided were dated 12/15/2012 and included spasm of the right levator scapular muscle, atrophy of the right supraspinatus muscle, decreased motor strength of right shoulder abduction, and right shoulder stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3x per week x 3 weeks, for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state that physical medicine is recommended for patients with myalgia and myositis as 9 to 10 visits over 8 weeks. The Guidelines further state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain functional improvement. As the documentation submitted for review failed to provide recent physical exam findings, it is unknown whether the patient suffers from objective functional deficits that would benefit from physical medicine. With the absence of this documentation, the request is not supported. Therefore, the request for Physical Therapy, 3x/wk x 3 wks, right shoulder is non certified

EMS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Page(s): 114-116.

Decision rationale: The California MTUS Guidelines state that transcutaneous electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. More specifically, the Guidelines state that a TENS unit, which is the most commonly used transcutaneous electrotherapy unit, is not recommended as a primary treatment modality, but a 1-month, home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. As there was not a detailed physical examination submitted with the medical records for review, it is unknown whether the patient has any objective functional deficits which would benefit from transcutaneous electrotherapy. Additionally, she is not noted to be currently participating in a home exercise program or physical therapy, and the request for EMS unit does not distinguish which type of unit is being requested. For these reasons, the request for EMS unit is non-certified

MRI of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the MTUS 2005 ACOEM Guidelines, Second Edition, Chapter 9, Page 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: According to ACOEM Guidelines, the primary criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The documentation submitted for review failed to give detailed documentation regarding the patient's previous conservative care measures including whether the patient had been involved in a strengthening program. Additionally, it is not indicated whether the patient was thought to have needed an invasive

procedure. As the patient failed to meet the criteria according to ACOEM Guidelines for the ordering of an imaging study, the request is not supported. Therefore, the request for MRI, right shoulder is non-certified.