MAXIMUS Federal Services

Case Number:	CM13-0031851		
Date Assigned:	12/04/2013	Date of Injury:	01/19/2004
Decision Date:	01/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/04/2013

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.

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 52-year-old male who reported a work-related injury on 01/19/2004, as a result of a fall. The patient sustained injuries to his left elbow, left hand/left index finger/right hand/wrist, lumbar spine, left hip, left shoulder, and left knee. The patient is status post multiple surgical interventions to include a left medial lateral release on 04/22/2004, left anterior transposition at the ulnar nerve and endoscopic carpal tunnel release as of 2007, right carpal tunnel release as of 2007, left open rotator cuff repair as of 2008, redo subacromial decompression and rotator cuff repair as of 2011. The clinical note dated 09/13/2013 reports the patient was seen in clinic under the care of [redacted]. The provider documents a different provider [redacted] recommended 12 more physical therapy sessions status post operatively for the shoulder as well as a cooling wrap for bilateral shoulder pain. The provider documents the patient reports pain rated at 8/10. The provider documents, upon physical exam of the patient, decreased range of motion to the shoulders was noted. The provider documented the patient was encouraged to utilize a gradual and progressive stretching regimen to help minimize chronic pain, and the ability to maintain the patient's activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review notes that the patient has utilized physical therapy interventions from 04/30/2013 through 09/12/2013. The clinical notes document the patient continues to present with significant right shoulder pain complaints status post his work-related injury sustained in 2004. The patient has undergone 2 surgical interventions about the shoulder. However, given the patient is status post his most recent surgical intervention of over 2 years time, and the patient has recently utilized 30 sessions of physical therapy, the current request is not supported. California MTUS indicates, "Allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine." At this point in the patient's treatment, an independent home exercise program would be indicated for the patient's continued pain complaints. As such, the request for physical therapy 2x6, right shoulder is not medically necessary or appropriate.

Southwest Technologies Elasto Gel Hot/Cold shoulder wrap for bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter and Neck and Upper back chapter

Decision rationale: The current request is not supported. The clinical documentation submitted for review documents the patient is status post his work-related injury of over multiple years, with subsequent surgical interventions times 2 to the right shoulder. The last surgical intervention was performed over 2 years ago. California MTUS/ACOEM do not specifically address the current request; however, Official Disability Guidelines indicate, "Continuous flow cryotherapy is recommended as an option after surgery but not for non-surgical treatment." Official Disability Guidelines, Neck and Upper Back Chapter, indicates heat/cold applications, "Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient." The clinical documentation submitted for review lacks evidence to support the requested durable medical equipment at this point in the patient's treatment. Given all of the above, the request for Southwest Technologies Elasto Gel Hot/Cold shoulder wrap for bilateral shoulders is not medically necessary or appropriate.