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| Case Number: | CM13-0032526 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 09/14/2012 |
| Decision Date: | 02/21/2014 | UR Denial Date: | 09/11/2013 |
| Priority: | Standard | Application Received: | 10/08/2013 |

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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 52-year-old employee who tripped and fell striking his shoulder on wire mesh that was exposed and resulted in a fracture and contusion of his chest wall in 09/2012. MRI of the right shoulder on 10/15/2012 noted: a comminuted fracture of the right humeral head involving the greater tuberosity, a partial tear of the supraspinatus tendon and mild rotator cuff impingement due to acromioclavicular overgrowth. Per [REDACTED] (undated), the claimant returned with 60% Improvement from the cortisone injection given on the prior visit. He continues to have limitation of movement with associate weakness and a complaint of catching in the right shoulder. Palpation elicits tenderness over the anterior and lateral deltoid with impingement testing revealing evidence of rotator cuff pathology; positive Neer's test. On 9/20/12, he again reported the injury and was referred to [REDACTED]. X-rays of the right shoulder and ribs were obtained, which he was told revealed a fracture at the shoulder. A sling and immobilizer were dispensed. Medication was prescribed, with benefit. Physical therapy was prescribed for the right shoulder for 8 visits, with slight benefit. His symptoms continued. At around the end of 10/12, an MRI scan of the right shoulder was obtained, which he was told revealed a stretched rotator tendon, which he was told was the result of normal wear and tear. On 3/8/13, he was released to return to work his customary duties without restrictions, however, due the pain, he remained off work to date. He retained legal counsel. In around mid 3/13, on his own, he went too performed. He was examined, told it appeared he had an impingement, and was placed on State disability, pending .5/29/2013- Treating physician report: I am requesting authorization for the patient to begin a supervised formal rehabilitation program of physical therapy for the right shoulder, focused on increasing strength and flexibility, two times a week for four w

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy, right shoulder, 2 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: Revision, Web Edition and Official Disability Guidelines (ODG) : Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute/Chronic) Physical Therapy.

Decision rationale: It appears this patient has received 8 sessions of physical therapy to the right shoulder in the past, that was not associated with any functional improvement and his symptoms remained the same, according to the medical record reviewed. The guidelines allows for Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):Medical treatment: 10 visits over 8 weeks. The request for additional 8 sessions of physical therapy is not medically necessary. CA-MTUS Chronic Pain Medical Treatment guideline, section of Physical Medicine, Page 98-99 allows for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home Physician Medicine. MTUS recommends that 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. 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; ODG-TWC-Shoulder Chapter (Acute/Chronic)-(updated 12/27/13)-Physical Therapy Recommended. Positive (limited evidence). See also specific physical therapy modalities by name. Use of a home pulley system for stretching and strengthening should be recommended. (Thomas, 2001) For rotator cuff disorders, physical therapy can improve short-term recovery and long-term function. For rotator cuff pain with an intact tendon, a trial of 3 to 6 months of conservative therapy is reasonable before orthopaedic referral. Patients with small tears of the rotator cuff may be referred to an orthopedist after 6 to 12 weeks of conservative treatment. The mainstays of treatment for instability of the glenohumeral joint are modification of physical activity and an aggressive strengthening program. Osteoarthritis of the glenohumeral joint usually responds to analgesics and injections into the glenohumeral joint. However, aggressive physical therapy can actually exacerbate this condition because of a high incidence of joint incongruity. (Burbank, 2008) (Burbank2, 2008) ODG-TWC-Shoulder (updated 12/27/13)-Physical Therapy Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Medical treatment: 10 visits over 8 weeks Post-injection treatm

Transition to home therapy and exercise program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: Revision, Web Edition and Official Disability Guidelines (ODG) : Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute/Chronic) Home Exercise Kit.

Decision rationale: The guideline stated except in cases of unstable fractures or acute dislocations, patients should be advised to do early range of motion exercises at home. Instruction in proper exercise technique is important, and a physical therapist can serve to educate the patient about an effective exercise program. This claimant was injured in 2012 when they tripped and fell striking their shoulder. Claimant had fractured right humerus and right rib contusion. Request is for eight sessions of physical therapy (PT) was approved. The last office visit is from 12/10/12. Assessment was claimant was improving. The clinical submitted does not demonstrate medical necessity for further formal physical therapy. Therefore at this time and on this information the request transition to home therapy and exercise program is not medically necessary. ODG-TWC-Shoulder (Acute/Chronic) (updated 12/27/13)-Home Exercise KIT: Recommended. See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended. In this RCT a specific shoulder home exercise program resulted in 69% good outcomes versus 24% in the sham exercise group, and 20% of patients in the specific exercise group subsequently chose to undergo surgery versus 63% in the control group. (Holmgren, 2012) ACOEM/CAMTUS per PT: (page 98-99)Instruction in home exercise. Except in cases of unstable fractures or acute dislocations, patients should be advised to do early range of motion exercises at home. Instruction in proper exercise technique is important, and a physical therapist can serve to educate the patient about an effective exercise program. CA MTUS and ACOEM supports a few visits of PT for education and transition to home exercise program (HEP) as detailed above based on demonstrated medical necessity.

Anaprox DS 550mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: Revision, Web Edition and Official Disability Guidelines (ODG) : Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The prescribing physician did not indicate the amount of Anaprox DS 550mg to be dispensed in the RFA, hence the request for medication is incomplete.

Omeprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: Revision, Web Edition and Official Disability Guidelines (ODG) : Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The prescribing physician did not indicate the dosage and amount of Omeprazole to be dispensed in the RFA, hence the request for medication is incomplete.

Transdermal Medications: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: Revision, Web Edition and Official Disability Guidelines (ODG) : Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: The prescribing physician did not indicate the type, dosage and amount of Transdermal medication to be dispensed in the RFA, hence the request for medication is incomplete