

Case Number:	CM13-0046048		
Date Assigned:	12/27/2013	Date of Injury:	01/02/2007
Decision Date:	06/03/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 49 year old female who reported an injury on 01/02/2007. The mechanism of injury is unclear from the medical records provided. The clinical note dated 09/24/2013 noted the injured worker had 6 sessions of physical therapy to the right shoulder which was noted non-efficacious in regards to the right upper extremity with "burning pain and weakness. The physical exam noted the injured worker to have tenderness to the right shoulder with no signs of infections, The neurological examination demonstrated right deltoid 4/5, right bicep 4+/5, right wrist extensor 4+/5, and right wrist flexor 5-/5. In the documentation provided it is noted the injured worker had right shoulder pain which rated 6/10. The previous physical therapy of 12 sessions facilitated diminution in pain and improved range of motion. In regards to the TENS unit it was efficacious at the physical therapy and facilitated significant diminution in pain and improved tolerance to activity. Objective findings noted no infection of the right shoulder with improved range of motion. The request for authorization for the request was not provided. The provider recommended physical therapy three times a week for four weeks along with tens unit for 60 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE RIGHT SHOULDER X12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The injured worker complained of right upper extremity with burning pain and weakness. The injured worker underwent right shoulder surgery on 06/20/2013. The MTUS Postsurgical Treatment Guidelines recommend post-surgical treatment arthroscopic at 24 visits over 14 weeks. The MTUS Guidelines also note treatment is provided to patients to facilitate postsurgical functional improvement. The frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. There is a lack of documented functional improvement within the medical records provided for review. The request is not medically necessary and appropriate.

TENS UNIT TRIAL (PER DAY) QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

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

Decision rationale: The injured worker complained of right upper extremity with burning pain and weakness. The MTUS Chronic Pain Guidelines indicate a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS Chronic Pain Guidelines indicate a home-based treatment trial of one month may be appropriate for neuropathic pain. The medical records provided for review did not have any evidence of the injured worker to have neuropathic pain. Also the request for the TENS unit for 60 days exceeds the recommendation of the MTUS Chronic Pain Guidelines for a 1 month home based trial. Therefore, the request is not medically necessary and appropriate