

Case Number:	CM13-0057141		
Date Assigned:	12/30/2013	Date of Injury:	04/08/2011
Decision Date:	04/16/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 applicant is an [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with cumulative trauma at work first claimed on April 8, 2011. Thus far, the applicant has been treated with the following: analgesic medications, prior left shoulder arthroscopy on October 2011, unspecified amounts of physical therapy over the life of claim, transfer of care to and from various providers in various specialties, prior lumbar laminectomy surgery, and work restrictions. It appears that the applicant's case and care have been complicated by mental health issues and comorbid diabetes. On January 13, 2014, the applicant presented with chronic low back pain, myofascial pain syndrome, and fibromyalgia with 8/10 pain. The applicant was on Duragesic, Vicodin, and baclofen. A neurostimulator trial was endorsed. An earlier note of April 2, 2013 was notable for comments that the applicant had shoulder adhesive capsulitis and was off of work, on total temporary disability. On September 20, 2013, the applicant was described as having persistent low back, neck, and shoulder pain. The applicant was apparently in the process of pursuing a left shoulder surgery. Norco was endorsed. It was stated that the applicant was given work restrictions, although it did not appear that the employer was able to accommodate these limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Online Edition, Continuous Flow Cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Continuous Flow Cryotherapy Topic

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203, an applicant's at-home applications of heat and cold are as effective as those performed by therapist or, by implication, those delivered via high-tech means. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary to the request for authorization so as to try and offset the unfavorable ACOEM recommendation. It is further noted that the shoulder chapter continuous flow cryotherapy topic states that continuous cooling devices can be endorsed postoperatively, but are not recommended for non-operative use purposes. In this case, the applicant did not have surgery on the dates in question. The request for surgical intervention was reportedly denied. Therefore, the proposed cold therapy unit is likewise not certified, on independent medical review.

12 SESSIONS OF POSTOPERATIVE PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints; Physical Medicine and Physical Therapy Page(s): 8;99.

Decision rationale: As noted by the previous utilization reviewer, the applicant did not have shoulder surgery during the dates in question. The request for shoulder surgery was denied. The Chronic Pain Medical Treatment Guidelines were therefore applicable. While page 99 of the Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 physical therapy sessions for myalgias and myositis of various body parts, the diagnosis is reportedly present here, page 8 of the Chronic Pain Medical Treatment Guidelines states that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify ongoing treatment. In this case, the applicant has had prior unspecified amounts of physical therapy over the life of the claim. The applicant has failed to affect any lasting benefit or functional improvement through the prior unspecified amounts of physical therapy treatment. The applicant remains off of work, on total temporary disability and remains highly reliant on various oral and topical agents. All of the above, taken together, imply a lack of functional improvement as defined in the guidelines given prior unspecified amounts of physical therapy. Therefore, the request for additional physical therapy is not certified, on independent medical review.