

Case Number:	CM13-0061599		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2013
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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 Family Practice, and is licensed to practice in Texas. 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 63 year old female who reported an injury on 03/11/2013. The mechanism of injury was reported as a fall. The patient was x-rayed the day of injury and the results were negative for fractures. The patient was given diagnosis of cervical sprain, thoracic sprain, cervical radiculitis and right hip contusion. Medications listed were Tylenol, Motrin over the counter 2-3 times a week and Motrin 800 mg once a week. The patient received a cortisone injection in her shoulder and reported that she had good results for about 1 week. On the clinical note dated 11/15/2013 the patient was noted to have vague diffuse tenderness with shoulder flexion of 110 degrees and passively at 125 degrees, external rotation was at the side of 25 degrees, glenohumeral abduction was passively at 70 degrees, was noted to have pain at the limits of motion in all directions. The patient described moderate pain in the left trapezius area and over the posterior aspect of the shoulder. The patient was attending physical therapy on regular basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAS splint (left shoulder) x 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter9) Table 9-6

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Shoulder, Static progressive stretch (SPS) therapy

Decision rationale: The Official Disability Guidelines recommended the JAS splint as an option for adhesive capsulitis. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion. There is no documentation provided that states that the employee had a contracture or joint stiffness. Therefore the request is non-certified.

Eight (8) sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS guidelines recommend acupuncture in the management of shoulder disorders. Frequency: 1 to 3 times per week. Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. On documentation dated 07/11/2013 it was stated that the employee had completed 6 acupuncture sessions and that it was felt that it helped some. There was no documentation from the acupuncture visits on the effectiveness. Therefore, the request is non-certified.

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine.

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

Decision rationale: The MTUS guidelines recommend 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 of soft tissue injuries. The employee had completed 18 sessions with 5 sessions left on the documentation dated 08/15/2016. There was no documentation from therapy provided for progress or failure of progress. Therefore the request is non-certified.