

Case Number:	CM13-0063460		
Date Assigned:	12/30/2013	Date of Injury:	01/28/2013
Decision Date:	04/04/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/10/2013

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 Family Practice, 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 patient is a 52-year-old who reported injury on 01/28/2013. The patient indicated that she was stepping off a ladder to assist a customer and slipped and fell with her arm out stretched forward sustaining a fall to the left side of her body. The patient additionally sustained a forehead laceration and lost consciousness for approximately 15 to 20 minutes. The most recent documentation dated 10/30/2013 revealed the patient was treated with 6 sessions of physical therapy. However, the patient indicated it was massage therapy not physical therapy. The patient was treated with pain medications, muscle relaxants, and NSAIDS (non-steroidal anti-inflammatory drugs). The patient had an EMG (electromyogram) on 05/23/2013 with no evidence for median neuropathy at the wrist, ulnar neuropathy at the elbows or brachial plexopathy or cervical radiculopathy. The patient rated her pain at 5/10. The patient indicated their shoulder pain was worse with bending and overhead reaching. The physical examination revealed the patient had decreased range of motion of the left shoulder. The patient had severe tenderness of the left trapezius, greater occiput, acromioclavicular joint and anterior glenohumeral joint. The patient's rotator cuff strength was 3/5 and the patient had a positive Neer impingement and cross arm test. The patient's diagnoses were noted to be left shoulder adhesive capsulitis, and impingement syndrome and possible rotator cuff tendinopathy. The treatment plan was noted to include an MRI of the left shoulder to rule out internal derangement, a TENS (transcutaneous electrical nerve stimulation) unit, a neurology consultation for postconcussive headaches, 8 sessions of physical therapy, acupuncture and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The Physician Reviewer's decision rationale: The Shoulder Complaints Chapter of the ACOEM Practice Guidelines indicate that the primary criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intending to avoid surgery or clarification of the anatomy prior to an invasive procedure. Clinical documentation submitted for review indicated the patient had an EMG/NCS of the upper extremities on 05/23/2013 which revealed a normal study. There was a lack of documentation indicating the patient had a failure to progress in a strengthening program intended to avoid surgery as the request was submitted with a concurrent request for physical therapy. Additionally, there was a lack of documentation to indicate if the decreased motor strength was a new finding. The request for an MRI of the shoulder is medically necessary and appropriate.

A one month trial for a TENS (transcutaneous electrical nerve stimulation) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 115-116.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities had been trialed and failed including medications. Clinical documentation submitted for review indicated the patient complained of left shoulder pain that radiated to the extensor wad of the left forearm. There was a lack of documentation; however, that other appropriate pain modalities had been trialed including medication and had failed. The request was concurrently made for physical therapy. The request for a one month trial for a TENS unit is not medically necessary or appropriate.

Eight sessions of physical therapy for the left shoulder and lower back: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that physical medicine is appropriate treatment for myalgia and myositis for a maximum of nine to ten visits. Clinical documentation submitted for review indicated the patient had 6 prior therapy sessions. The patient indicated they were for massage therapy. There was a lack of documentation of objective functional benefit of prior sessions. There was a lack of documentation of official physical therapy notes. There was a lack of documentation indicating what body parts were treated. The request for eight sessions of physical therapy for the left shoulder and lower back is not medically necessary or appropriate.