

<b>Case Number:</b>	CM13-0065639		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/21/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Orthopedic Surgery and is licensed to practice in Orthopedic Surgery. 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 patient is a 50 year old female who was injured on 04/21/2011 while she was reaching out and holding a shelf when she felt pain. Prior treatment history has included the patient completing seven out of eight sessions of physical therapy with improvement noted on 09/25/2013. The patient takes thyroid medication. She has been taking a little more over the counter Advil now secondary to physical therapy aggravating her neck and right shoulder with therapy. Diagnostic studies reviewed include the following: MRI of the right shoulder w/o contrast dated 04/22/2013 small subchondral cyst seen in the humeral head posteriorly on the prior study is increased in size and measures on the order of approximately 1.1 cm in its greatest dimension. The prior study had shown the cyst to measure .46 mm. This may indicate ongoing impingement. There are mild degenerative changes of the acromioclavicular joint. There is a type II acromion. The biceps and subscapularis tendons are normal. There is no evidence of a Hill-Sachs or Bankart deformity. There is mild fraying of the superior labrum. MRI right shoulder with contrast post arthrogram dated 07/26/2013 revealed the following: 1) No full thickness rotator cuff tendon tear. Arthrogram injection right shoulder prior to MR dated 07/26/2013 revealed successful right shoulder intra-articular injection and gadolinium instillation. Progress note dated 11/13/2013 examination of the cervical spine revealed tenderness over the right paraspinal muscles at the C5-6 and C6-7 levels, the upper trapezius, right levator scapula and right rhomboid muscles. Flexion, extension, right rotation and left rotation maneuvers are performed with pain. Examination of the right shoulder reveals tenderness over the right lateral deltoid, the biceps tendon and subacromial bursa. There is pain with flexion and abduction maneuvers. Diagnoses: Cervical spine strain/sprain, 2mm disc bulges at C4-5 and C5-6 and 2.5 mm disc bulge at C6-7 per MRI 06/08/2011. Right shoulder impingement syndrome with mild arthrofibrosis and rotator cuff tear of the supraspinatus tendon

per MRI 05/21/2012. Right shoulder status post arthroscopy subacromial decompression and rotator cuff repair and manipulation under anesthesia. Right shoulder winging of scapula secondary to weakness of her serratus anterior with normal EMG/NCV study dated 04/24/2013. Treatment Plan: In my previous report, authorization was requested for eight sessions of physical therapy to the cervical spine and right shoulder to be attended twice weekly for four weeks. She has now completed seven out of eight physical therapy sessions with some beneficial results noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ADDITIONAL PHYSICAL THERAPY 2X4 FOR THE CERVICAL SPINE AND RIGHT SHOULDER: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck And Upper Back (Acute And Chronic) Procedure Summary Physical Therapy Guidelines.

**Decision rationale:** The ODG guidelines recommends Additional Physical Therapy 2 x 4 for the Cervical Spine and Right Shoulder as: 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 including assessment after a "six-visit clinical trial". Cervicalgia (neck pain); cervical spondylosis: 9 visits over 8 weeks Sprains and strains of neck: 10 visits over 8 weeks Displacement of cervical intervertebral disc: Medical treatment: 10 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. The medical records do not document an independent home exercise program. Medical documentation does not document functional improvement after 7/8 sessions of physical therapy. Based on the ODG and criteria as well as clinical documentation, the request is not medically necessary.

#### **RIGHT SHOULDER ELASTIC SLIP ON BRACE (INTELILSKIN POSTURE CUE) PURCHASE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG DME.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME).

**Decision rationale:** The ODG recommends a Right Shoulder Slip on Brace (Intelilskin Posture Cue) Purchase as: Durable Medical Equipment (DME): Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Medical conditions that result in physical limitations for patients may

require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. The term DME is defined as equipment i.e. canes, crutches, braces, orthoses, & walkers: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005). The medical records do not document medical necessity for the proposed purchase of an elastic slip on brace (InteliSkin Posture Cue) and is not supported by evidence based medicine or clinical documentation. Based on the ODG and criteria as well as clinical documentation, the certification for the purchase of an elastic slip on brace (InteliSkin Posture Cue) is not medically necessary.