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| Case Number: | CM14-0004896 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 03/25/2012 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/14/2014 |

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 and Rehabilitation, 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 injured worker is a 52-year-old male who reported an injury on 3/25/12 secondary to a box falling on him. His diagnoses include complete rupture of the rotator cuff, osteoarthritis of the shoulder, and cervical disc displacement. According to the medical records submitted for review, the injured worker began physical therapy for the right shoulder on 4/4/12. He was noted to have completed 12 visits. During that time, it was noted that his right shoulder active range of motion values and rotator cuff strength returned to normal. An MRI of the right shoulder performed on 8/27/12 revealed mild supraspinatus tendinosis without evidence of a rotator cuff tear. The MRI also revealed severe degenerative changes at the acromioclavicular joint with an intact biceps tendon and labrum. It was noted that the injured worker underwent a cervical spine surgical procedure on 7/8/13 and attended 6 visits of physical therapy for the cervical spine thereafter.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND UNIT WITH SUPPLIES (GEL & ALCOHOL & SWABS) FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ULTRASOUND,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

Decision rationale: The California MTUS Guidelines state that there is little evidence that active therapeutic ultrasound is more effective than a placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. Therefore, use of therapeutic ultrasound is not supported by the evidence-based guidelines. There is no documented rationale for the use of an ultrasound unit for this injured worker, and there are no exceptional factors documented to establish the necessity of an ultrasound unit. Furthermore, there is a lack of documented evidence to warrant the purchase of durable medical equipment as opposed to a trial rental of such equipment. In the absence of scientific evidence of ultrasound efficacy and based on the request for purchase of durable medical equipment, an ultrasound unit is not warranted at this time, and the request is not medically necessary.

PHYSICAL THERAPY TWO (2) TIMES EIGHT (8) TO THE RIGHT SHOULDER:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, ,

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

Decision rationale: According to the medical records submitted for review, the injured worker has attended 12 physical therapy visits for the right shoulder. The California MTUS Guidelines may recommend up to 10 visits of physical therapy for this pain condition. Therefore, an additional course of physical therapy would be excessive according to the evidence-based guidelines for treatment duration. These guidelines also state that physical therapy is indicated for the restoration of flexibility, strength, endurance, function, and range of motion. There is a lack of recently documented evidence to indicate that the injured worker has functional deficits with regard to strength and range of motion values. Therefore, it cannot be determined that the injured worker's current clinical presentation warrants physical therapy at this time. In the absence of documentation of functional deficits, and based on the guideline recommendations for treatment duration, the request is not medically necessary.