

Case Number:	CM14-0104466		
Date Assigned:	07/30/2014	Date of Injury:	11/06/2012
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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:

This case involves a 60 year old female who sustained an injury on 11/06/2012 to her right shoulder due to a fall onto the ramp of a van. The injured worker is status post right shoulder decompression and repair of right labral tear on 09/19/14 and has completed at least twenty four postoperative physical therapy visits to date. Diagnoses are documented as right shoulder rotator cuff syndrome, adhesive capsulitis, postoperatively, and right shoulder. Follow up note dated 05/30/14 indicates that right shoulder range of motion is limited and there is 4/5 strength on flexion and abduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Postoperative Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on the clinical information provided, the request for six additional postoperative physical therapy sessions is not recommended as medically necessary. The injured worker is status post right shoulder decompression and repair of right labral tear on 09/19/14. She has completed at least twenty postoperative physical therapy visits to date. The California

Medical Treatment Utilization Schedule (MTUS) guidelines support up to twenty four sessions of physical therapy and for the patient's diagnosis there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. As such, this request is not medically necessary.

TENS Unit for 30 Day Rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114,116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, pages 114-117 Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for transcutaneous electrical nerve stimulation (TENS) unit for thirty day rental is not recommended as medically necessary. The injured worker's compliance with a home exercise program is not documented. There is no specific time limited treatment goals submitted for review as required by California Medical Treatment Utilization Schedule (MTUS) guidelines. Therefore, the requested TENS trial is not in accordance with CA MTUS guidelines and not medically necessary.