

<b>Case Number:</b>	CM14-0109451		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; earlier shoulder surgery; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated June 25, 2014, the claims administrator denied a request for physical therapy and a TENS unit purchase. The applicant's attorney subsequently appealed. In a June 12, 2014 progress note, the applicant reported persistent complaints of shoulder pain following right shoulder rotator cuff repair surgery and open biceps tenodesis. The applicant stated that his range of motion strength had significantly improved. The applicant was reportedly compliant with home exercises. 175 degrees of shoulder flexion and abduction were appreciated with 4+/5 shoulder strength noted on rotator cuff motion testing and 5/5 biceps muscle strength noted. The applicant was asked to pursue additional physical therapy. A 5-pound lifting limitation was endorsed. Swimming and biking were also endorsed. The attending provider suggested that the applicant's employer was unable to accommodate his restrictions and that he would therefore remain off of work, on total temporary disability. In a physical therapy progress note dated May 12, 2014, it was suggested that the applicant had had 12 sessions of physical therapy through that point in time. In an earlier physical therapy note dated April 20, 2014, it was stated that the applicant was very motivated to try and return to work. In a telephone case manager report dated March 31, 2014, the applicant was described as off of work, on total temporary disability. The applicant apparently originally injured his shoulder while trimming a tree branch using a power saw, it was suggested. On March 7, 2014, the applicant underwent a right shoulder arthroscopy, arthroscopic subacromial decompression, arthroscopic rotator cuff

repair surgery of subscapularis and supraspinatus tendons, and an open biceps tenodesis procedure.

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

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

**PT (Physical Therapy) for Right Shoulder 2 visits a weeks for 4 weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** It appeared, based on the information on file, that the applicant had had 12 sessions of postoperative therapy through the date of the request. As noted in MTUS 9792.24.3, a general course of 30 sessions of treatment is recommended following open rotator cuff repair surgery. In this case, the applicant seemingly underwent an analogous procedure, an open biceps tenodesis procedure. It is further noted that MTUS 9792.24.3.c.2 notes that the medical necessity for postsurgical physical medicine for any applicant is contingent on applicant's specific factors such as comorbid medical conditions, prior pathology and/or surgery involving the same body part, and/or the nature and number of surgical procedures undertaken, and an applicant's essential work functions. In this case, the applicant underwent multiple procedures, including repairs of two rotator cuff tendons as well as an open repair of the biceps tendon. The applicant apparently has heavier, more arduous physical job demands which involve tree trimming. The applicant is seemingly demonstrating a favorable progress with earlier treatment as evinced by progressively improving range of motion and strength. Continuing physical therapy treatment at the rate, frequency, and overall amount proposed is indicated. Therefore, the request is medically necessary.

**TENS Unit for home use for right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic. Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit beyond an initial one-month trial is contingent on evidence of favorable outcomes in terms of "pain relief and function" during the said one-month trial. In this case, there is no evidence that the applicant in fact received and/or underwent a successful one-month home-based trial of the TENS unit in question before a request for authorization to purchase the same was initiated. Therefore, the request is not medically necessary.

