

Case Number:	CM14-0139743		
Date Assigned:	09/05/2014	Date of Injury:	01/04/2012
Decision Date:	10/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family 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 injured worker is a 58-year-old male who reported an injury on 01/04/2012; reportedly when he was lifting cases of meat to shoulder height level, had an onset sharp pain in the shoulders. The injured worker's treatment history included arthroscopy to the right shoulder on 05/31/2012, left shoulder arthroscopy on 10/18/2012, physical therapy sessions, medications, and H wave unit. On 02/28/2014, the injured worker had x-rays that revealed a scoliosis cervical spine with no acute changes. The injured worker was evaluated on 08/01/2014 and it was documented that the injured worker complained of right shoulder pain that has increased popping and grinding sensation. Left shoulder had pain with activities. The pain radiated into his hands, causing numbness and tingling sensation. Objective findings revealed positive Tinel's test, positive Phalen's test, and there was numbness in the right shoulder. Diagnoses included right shoulder sprain with possible internal derangement, left shoulder sprain with possible internal derangement, and left shoulder AC (acromioclavicular). Request for Authorization dated for 08/11/2014 was for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The request for right shoulder X-ray is not medically necessary. ACOEM guidelines recommend imaging studies routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Duration of shoulder pain could not be established to warrant the X-ray. As such the request is not medically necessary.

Left Shoulder x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The request for f left shoulder X-ray is not medically necessary. ACOEM guidelines recommend imaging studies routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Duration of shoulder pain could not be established to warrant the X-ray. As such the request is not medically necessary.

Right Humerus x-ray: Upheld

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 request for right humerus is not medically necessary. ACOEM guidelines recommend imaging studies routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on

history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Duration of shoulder pain could not be established to warrant the X-ray. As such the request is not medically necessary.

Physical Therapy or DC 3x week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted failed to indicate the injured worker prior conservative care to include physical therapy. The provider failed to indicate long-term functional goals and outcome measurements. The request failed to include location where physical therapy is required. Additionally, the request exceeds recommended amount of visits per the guideline. Given the above, the request for physical therapy or DC (doctor of chiropractic) 3 times a week for 6 weeks is not medically necessary.

H-Wave Unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Page(s): 118.

Decision rationale: The request for H-Wave Unit for purchase, homecare is not medically necessary. California (MTUS) Chronic Pain Medical Treatment Guidelines states that the H-wave unit is recommended as an isolated intervention but can be used on a 30-day trial basis as a non-invasive conservative care option for diabetic neuropathic pain or chronic soft tissue inflammation in conjunction to evidence-based functional restoration program. The injured worker had used an H-Wave unit however outcome measurements were not submitted for review. In addition, the request did not specify the location of use for the H-Wave unit for the injured worker. The documents submitted failed to indicate the injured worker long-term functional improvement goals and home exercise regimen. Given above, the request for the H-Wave for purchase Unit is not medically necessary.