

Case Number:	CM14-0025183		
Date Assigned:	06/11/2014	Date of Injury:	05/20/2009
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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 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:

The injured worker is a 56-year-old male who sustained an injury to his right shoulder on 05/20/09. The mechanism of injury was not documented. The records indicate that the patient underwent a right total shoulder replacement on 08/27/13. Plain radiographs of the right shoulder revealed no obvious fractures or dislocations; total right shoulder arthroplasty with posterior glenoid augment in the appropriate position. The injured worker was diagnosed with right glenohumeral osteoarthritis. Physical examination of the right shoulder noted tenderness on the acromioclavicular joint, supraspinatus tendon; positive impingement sign; painful range of motion; rotator cuff strength 5/5. All medications were discontinued given the abnormal liver values revealed by previous lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 12 POST-OPERATIVE PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER: Upheld

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

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

Decision rationale: The records indicate that the injured worker has already been approved for at least 24 postoperative physical therapy visits to date. The California Medical Treatment Utilization Schedule (CAMTUS) guidelines recommend up to 24 visits over 10 weeks for the diagnosed injury. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of postoperative physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for additional 12 postoperative physical therapy visits for the right shoulder has not been established. The request is not medically necessary.

IF (INTERFERENTIAL) STIMULATION UNIT FOR PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The request for a interferential (IF) stimulation unit-purchase is not medically necessary. The Chronic Pain Medical Treatment Guidelines states that treatment with this modality is not recommended. Neuromuscular electric stimulation (NMES) is used primarily as part of a rehabilitation program following stroke and there is no evidence to support it's use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. Given the clinical documentation submitted for review, medical necessity of the request for IF stimulation unit-purchase has not been established.