

Case Number:	CM14-0036043		
Date Assigned:	06/23/2014	Date of Injury:	02/03/2012
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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, has a subspecialty in Interventional Spine 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 patient is a 46 year-old male with a 2/3/2012 date of injury. According to the 9/10/13 orthopedic report from [REDACTED], the patient underwent left shoulder open rotator cuff repair on 7/12/13. On 3/12/14 UR reviewed the 2/19/14 report from [REDACTED] and recommended modification of work hardening to allow 4 sessions, instead of 3x4; and denied continued use of EMS and unspecified medications and vitamins. Unfortunately, the 2/19/14 report was not provided for this IMR. The most recent report provided is dated 10/18/2013 from [REDACTED], and the most recent report from [REDACTED] is dated 9/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning, 3X4 for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines - Work Conditioning 10 visits over 8 weeks See also Physical medicine for general guidelines. And, as with all physical medicine programs, Work Conditioning participation does not preclude concurrently being at work.

Decision rationale: The patient is a 46 year-old male with a 2/3/2012 date of injury. According to the 9/10/13 orthopedic report from [REDACTED], the patient underwent left shoulder open rotator cuff repair on 7/12/13. On 3/12/14 UR reviewed the 2/19/14 report from [REDACTED] and recommended modification of work hardening to allow 4 sessions, instead of 3x4; and denied continued use of EMS and unspecified medications and vitamins. Unfortunately, the 2/19/14 report was not provided for this IMR. The most recent report provided is dated 10/18/2013 from [REDACTED], and the most recent report from [REDACTED] is dated 9/10/13. This IMR request is for work conditioning 3x4 for the left shoulder. There are no medical reports provided for this IMR that discuss the rationale for the work hardening program. According to the UR letter, there was a 2/19/14 report that requested the work hardening. The surgery was on 7/12/13, request on 2/19/14 is outside the MTUS postsurgical physical medicine treatment timeframe, so the MTUS chronic pain guidelines apply. MTUS guidelines on work hardening recommends 10 sessions. The request for work conditioning 3x4 exceeds the MTUS recommendations. Recommendation is for non-certification.

Continue EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 121 Page(s): 114-121.

Decision rationale: The patient is a 46 year-old male with a 2/3/2012 date of injury. According to the 9/10/13 orthopedic report from [REDACTED], the patient underwent left shoulder open rotator cuff repair on 7/12/13. On 3/12/14 UR reviewed the 2/19/14 report from [REDACTED] and recommended modification of work hardening to allow 4 sessions, instead of 3x4; and denied continued use of EMS and unspecified medications and vitamins. Unfortunately, the 2/19/14 report was not provided for this IMR. The most recent report provided is dated 10/18/2013 from [REDACTED], and the most recent report from [REDACTED] is dated 9/10/13. This IMR request is for continued use of EMS. There is no reporting on what type of EMS is being used, or why. There is no mention of neuropathic pain, CRPS, phantom limb, spasticity or MS. MTUS states transcutaneous electrotherapy is "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below" MTUS states the conditions for the stimulator are neuropathic pain, CRPS, phantom limb, spasticity or MS. Based on the limited information provided for this IMR, the patient does not appear to have any of the conditions for TENs, and there is no reporting available the provides the requesting physician's rationale. The request does not appear to be in accordance with MTUS guidelines. Recommend denial.

Conitinue meds/vitamins: 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 Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The patient is a 46 year-old male with a 2/3/2012 date of injury. According to the 9/10/13 orthopedic report from [REDACTED], the patient underwent left shoulder open rotator cuff repair on 7/12/13. On 3/12/14 UR reviewed the 2/19/14 report from [REDACTED] and recommended modification of work hardening to allow 4 sessions, instead of 3x4; and denied continued use of EMS and unspecified medications and vitamins. Unfortunately, the 2/19/14 report was not provided for this IMR. The most recent report provided is dated 10/18/2013 from [REDACTED], and the most recent report from [REDACTED] is dated 9/10/13. This IMR request is for continued meds/vitamins. Unfortunately, the request posed to IMR is too vague. Without a description of what medications or vitamins are requested, the dosage, frequency and duration, it is not possible to compare to any guidelines. The unknown medication, and unknown vitamins, with unknown doses or quantity cannot be confirmed to be in accordance with the MTUS or any guidelines that provide specific recommendations on medications. Recommendation is for non-certification.