

Case Number:	CM14-0036258		
Date Assigned:	06/25/2014	Date of Injury:	04/04/2007
Decision Date:	08/06/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopedic Surgery, 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:

This 56-year-old bank teller sustained an industrial injury on April 4, 2007. The mechanism of injury was not documented. She underwent left shoulder arthroscopy with subacromial decompression on September 6, 2013 and completed 24 post-operative physical therapy visits as of December 30, 2014. Records indicated objective functional improvement in range of motion over the course of physical therapy. The February 3, 2014 treating physician report indicated that left shoulder pain was returning. Range of motion testing documented flexion 140 degrees, abduction 120 degrees, internal rotation 30, external rotation 40, extension 40, and adduction 15 degrees. The March 3, 2014 treating physician report cited increased left shoulder pain and stiffness. Range of motion testing demonstrated a reduction in flexion to 110 degrees and abduction to 90 degrees. Special testing was negative. There was no tenderness to palpation. The diagnosis was left shoulder rotator cuff tendinitis and impingement. Additional physical therapy 2x3 was requested as range of motion and pain were worse. The patient was advised to continue her home exercise program. A home TENS (transcutaneous electrical nerve stimulation) unit was requested as the patient used one in physical therapy which helped reduce her pain. Medications included Lidoderm patches and Flexeril. The patient was on modified duty. The March 7, 2014 utilization review denied the request for additional physical therapy as the current program had provided little benefit. The TENS unit was denied as post-operative use past the first 30 days is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left shoulder, twice weekly for three weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98-99 Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The Post-Surgical Treatment Guidelines for acromioplasty suggest a general course of 24 post-operative visits over fourteen weeks during the six month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The Chronic Pain Medical Treatment Guidelines would have applied after March 6, 2014. The Chronic Pain Medical Treatment Guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The Chronic Pain Medical Treatment Guidelines criteria have been met relative to both the post-surgical and chronic pain guidelines. Records demonstrate that the patient achieved objective functional gains in shoulder range of motion during the initial 24 visits of post-operative physical therapy. Increased left shoulder pain was reported on March 3, 2014 with a significant loss in range of motion. Given the prior functional benefit documented with therapy, it is reasonable that additional functional improvement could be accomplished. Therefore, the request for physical therapy to the left shoulder, twice weekly for three weeks, is medically necessary and appropriate.

Home TENS (transcutaneous electrical nerve stimulation) unit to left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, page(s) 114-116 Page(s): 114-116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend TENS unit as a primary treatment modality. A one-month home-based TENS unit trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for certain conditions. Supported indications include neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, and multiple sclerosis. Criteria for the use of TENS include chronic intractable pain with evidence that other appropriate pain modalities have been tried (including medications) and failed. TENS may also be an option for acute post-operative pain in the first thirty days after surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Guideline criteria have not been met. The patient is now 6 months status post arthroscopic surgery with no evidence of chronic intractable neuropathic pain or failure of standard pain modalities as required by guidelines. Therefore, this request for a home TENS unit to the left shoulder is not medically necessary or appropriate.

