

Case Number:	CM14-0039034		
Date Assigned:	06/27/2014	Date of Injury:	09/15/2013
Decision Date:	08/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/03/2014

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 & Rehab 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 57-year-old male who reported an injury on 09/15/2013. Reportedly while crawling inside the pit of a plane unloading and loading freight and mail, he felt a sharp pain in his right knee and left shoulder. The injured worker's treatment history included MRI, medications, physical therapy, x-ray, and ultrasound. The injured worker was evaluated on 03/10/2014 and it was documented the injured worker complained of left shoulder sprain and right knee pain. He reported mild pain in his knee and shoulder. The provider noted the injured worker had undergone x-rays of the left shoulder and right knee, and showed normal findings. It was documented the injured worker had undergone physical therapy however outcome measurements were not submitted for this review. The injured worker had modified duties that included no lifting, pushing, pulling over 15 pounds, no squatting or kneeling, and no reaching over the shoulder. Within the documentation, it was noted the injured worker was recommended to continue with home exercise regimen in conjunction with therapeutic exercises with a focus on functional outcomes and return to regular work. Medications included anti-inflammatory medications. Diagnoses included left shoulder strain and right knee sprain. The Request for Authorization dated 02/21/2014 was for Infra Lamp however, the rationale was not submitted for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infra Lamp: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders, Thermotherapy.

Decision rationale: The requested is non-certified. According to the California MTUS/ACOEM state that no prescribed physical modalities should include Adjustment or modification of workstation, job tasks, or work hours and methods, Stretching, Specific knee exercises for range of motion and strengthening (avoid leg extensions for PFSs but not SLRs) At-home local applications of cold packs in first few days of acute complaints; thereafter, applications of heat packs and Aerobic exercise. According to Official Disability Guidelines (ODG) state that thermotherapy is under study. For several physical therapy interventions and indications (eg, thermotherapy using heat, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy. The provider noted the injured worker received conservative care measurements however, the outcome measurement were not provided for this review. In addition, the request failed to indicate frequency and location where the injure worker needs Infra lamp. Given the above, the request for Infra-lamp is non-certified.