

Case Number:	CM14-0074361		
Date Assigned:	07/16/2014	Date of Injury:	12/16/2012
Decision Date:	09/09/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 33 year old female who was injured on 12/16/2012. The mechanism of injury is unknown. Prior treatment history has included 75 sessions of supervised rehab, home exercise program. The patient underwent right shoulder video Arthroscopy, Rotator Cuff Repair, and Superior Labral Anterior on 10/21/2013. Workers' comp note dated 04/01/2014 states the patient presented constant deep soreness. His range of motion has increased as he has been participating in physical therapy and completing daily home exercise program. On exam, she has mild tenderness over the lateral arm/biceps. ROM of the cervical spine revealed external rotation to 50 degrees; flexion to 50 degrees; and abduction to 120 degrees. There is moderate impingement noted. She is diagnosed with joint derangement; shoulder joint pain; rotator cuff syndrome; bicipital tendinitis; paresthesia; and shoulder superior labrum anterior/posterior lesion. She has been recommended for a TENS unit as she has had good relief from this; physical therapy twice a week for 4 weeks for the right shoulder. Prior utilization review dated 04/16/2014 by Dr. [REDACTED] states the requests for Physical Therapy two (2) times a week times four (4) weeks for the right shoulder and Home TENS Unit are denied. Patient had 76 sessions of supervised rehab to date and 4 additional sessions were approved on 3/4/14 to transition to an independent [REDACTED] which exceeded the guidelines recommendations. The medical record does not document how the shoulder pathology can be addressed by the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week times four (4) weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214, Postsurgical Treatment Guidelines Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 211-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy of Shoulder.

Decision rationale: Guidelines indicate the recommendation for post Arthroscopic Surgical Physical Medicine Treatment for rotator cuff syndrome/impingement syndrome is 24 visits over 14 weeks in the first 6 months postsurgical period. Patient has well exceeded the recommendation, is beyond the first 6 months postsurgical period, and should be well versed in home exercise program. The medical necessity is not established for this request.

Home TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: According to the ACOEM Shoulder Complaints Guidelines, TENS is not recommended for acute rotator cuff tear. According to the chronic pain guidelines, On the other hand, the chronic pain guidelines described multiple criteria for the use of TENS in Chronic Pain Management. One of these criteria addresses; "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial". The medical record document that the patient has had good pain relief from TENS unit, but it does not document detailed description about the pain relief and functional restoration. Accordingly, the medical necessity of this request has not been established according to the guidelines.