

Case Number:	CM14-0089510		
Date Assigned:	07/23/2014	Date of Injury:	05/02/2012
Decision Date:	09/18/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 58-year-old male who sustained a work related injury on 08/5/2013 from a fall while moving heavy machinery and sustained a sacral fracture. Since then, the patient has developed right shoulder pain and continued complaint of intermittent low back pain. On his most recent progress reports he complains of 4-8/10 right shoulder pain that is sharp and throbbing in character, worsens upon raising his arm and is aggravated by lifting. His back pain is intermittent in presentation, rated as 5/10 with pain radiating to the groin with occasional numbness and tingling sensation in the thigh. Prolonged sitting exacerbates his pain and decreases with rest. On exam of the thoracolumbar spine the patient has tenderness to palpation with spasm of the right paraspinal musculature and right sacroiliac. He has a limited range of motion because of pain and a positive sitting root test. Neurological sensation is intact in both lower extremities and has 2+ Patellar and Achilles reflexes bilaterally. Examination of his right shoulder demonstrates palpable tenderness with spasm of the right trapezius muscle and the GH and AC joints with decreased range of motion because of pain. He has positive provocative testing (Impingement, apprehension and empty can test). MRI's obtained on 09/18/2013 of the lumbar spine and right shoulder identify disc desiccation of L3-4 to L5-S1 with a hemangioma of the L3 vertebral body with an acromion flap, laterally down sloping, an acromioclavicular joint osteoarthritis, supraspinatus, infraspinatus tendonitis, an anchor tear and a superior anterior labral tear. His treatment thus far has included non-steroidal anti-inflammatory drugs (NSAID) pain medication and benzodiazepines for muscle relaxation. In dispute is a decision for a Right Shoulder Rehabilitation Kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Rehabilitation Kit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 98-99.

Decision rationale: Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment.