

Case Number:	CM14-0195763		
Date Assigned:	12/03/2014	Date of Injury:	07/05/2012
Decision Date:	01/26/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/21/2014

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 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 is a 53 year old male claimant with an industrial injury dated 07/05/12. The patient is status post a right shoulder arthroscopy with acromioplasty and distal clavicle resection as well as a rotator cuff repair and possible mini-open dated 07/22/14. Exam note 10/31/14 states the patient returns with right shoulder pain. The patient also complains of right sided neck, right elbow, and right sided low back pain. Upon physical exam there was tenderness present. The patient's sensory exam was intact. The range of motion test was noted as a flexion of 160', extension of 42', abduction of 140', adduction of 50', internal rotation of 90', and external rotation of 60' all with pain. The patient is status post 18 physical therapy sessions for the right shoulder. Treatment includes additional Physical Therapy sessions and an H-Wave Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 2 times a week for 4 weeks Quantity: 8.00 (sessions):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, pages 26-27 the recommended amount of postsurgical treatment visits allowable are: Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks*Postsurgical physical medicine treatment period: 6 monthsIn this case the request exceeds the maximum amount of visits allowed. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore, the request for Post-Operative Physical Therapy 2 times a week for 4 weeks Quantity: 8.00 (sessions) is not medically necessary.

H-Wave Unit for home use Quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 117, H-Wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS).In this case there is lack of evidence in the cited record from 10/31/14 to satisfy the guidelines. There is no evidence of functional restoration program or comprehensive program to warrant H-wave for the claimant's knee condition. Therefore, the request for H-Wave Unit is not medically necessary.