

Case Number:	CM14-0207321		
Date Assigned:	12/19/2014	Date of Injury:	04/14/2014
Decision Date:	02/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/11/2014

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, has a subspecialty in Interventional spine 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 patient is a 46-year-old female with a date of injury of 04/14/2014. According to progress report dated 10/30/2014, the patient presents with ongoing right shoulder pain. The patient reports a burning and pulling sensation. Examination of the right shoulder revealed mild tenderness of the trapezius and shoulder blade. Neer's sign and Hawkins' sign are negative, but drop arm test is positive. There is mild tenderness over the anterolateral border of the acromion, and over the right upper trapezius with noted swelling and spasticity. Impingement sign is positive. Range of motion is decreased in all planes on the right. Measurement of muscle strength of the right shoulder revealed 4/5. MRI of the right shoulder from 08/02/2014 revealed rotator cuff tendons are grossly intact, no significant rotator tear, minimal hypertrophic change of the acromioclavicular joint and mild lateral downsloping orientation of the acromion compatible with mild increased anatomic risk for subacromial impingement, minimal fraying of the superior labrum. The listed diagnoses are: 1. Bicipital tenosynovitis. 2. Rotator cuff syndrome. 3. Disorder of bursae and tendons in the shoulder. 4. Cervicalgia. 5. Neck sprain. The patient's work status noted light duty. Treatment plan is for physical therapy to increase strength, range of motion and flexibility, apply heat to affected area, Motrin as needed for pain, and follow-up appointment in 1 month. The utilization review denied the request on 12/01/2014. Treatment reports from 04/30/2014 through 10/30/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right shoulder, three times weekly, twelve sessions total: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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

Decision rationale: This patient presents with continued right shoulder pain. The current request is for additional physical therapy for the right shoulder, 3 times weekly, 12 sessions total. For physical medicine, the MTUS Guidelines pages 98 and 99 recommend for myalgia-, myositis-type symptoms 9 to 10 visits over 8 weeks. Physical therapy initial report dated 05/27/2014 notes patient has achiness and throbbing in the right shoulder. Long-term goal was to decrease pain and spasm and increase range of motion and strength. . The medical records indicate the patient received 14 physical therapy sessions between 05/27/2014 and 07/22/2014. Physical therapy treatment reports continue to note that the patient has constant, dull, aching pain in the right shoulder. In this case, the treating physician's request for additional 12 physical therapy sessions exceeds what is recommended by MTUS. There is no rationale provided to indicate why the patient is not able to transition into a home exercise program, and there is no report of a new injury, new surgery, or new diagnosis that could substantiate the current request. The requested additional physical therapy IS NOT medically necessary.

Manual therapy for the right shoulder, three times weekly, twelve sessions total: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: This patient presents with continued right shoulder pain. The current request is for manual therapy for the right shoulder, 3 times weekly, 12 sessions total. For manual therapy, the MTUS Guidelines page 58-60 recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total up to 18 visits over 6 to 8 weeks. The medical records indicate that this patient has participated in physical therapy treatment in the past, but there is no indication the patient has tried chiropractic treatments. Given the patient's continued pain and decrease in range of motion, an initial trial of 6 visits is supported by MTUS Guidelines. The treating physician's request for 12 visits exceeds what is recommended by MTUS Guidelines. The requested manual therapy x12 sessions IS NOT medically necessary.

Electrical stimulation (unattended), three times weekly for the right shoulder, twelve sessions total: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit; neuromuscular electrostimulation (NMES devices) Page(s): 16; 121.

Decision rationale: This patient presents with continued right shoulder pain. The current request is for electrical stimulation (unattended), 3 times weekly, for the right shoulder, 12 sessions total. The treating physician does not specify what type of electrical stimulation is being recommended for this patient. Per MTUS Guidelines page 116, TENS unit, has not proven efficacy in treating chronic pain, is not recommended as a primary treatment modality, but a 1-month, home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. The MTUS Guidelines page 121 states neuromuscular electrostimulation (NMES devices) are not recommended. NMES is used primarily as a part of rehabilitation program following a stroke, and there is no evidence to support its use in chronic pain. In this case, there is no documentation of a successful home trial of a TENS unit, and NMES devices are not recommended. The requested "electrical stimulation" IS NOT medically necessary.