

Case Number:	CM14-0096461		
Date Assigned:	09/22/2014	Date of Injury:	09/29/2003
Decision Date:	01/05/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family Medicine 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 male patient who reported an industrial injury to the right shoulder on 9/29/2003, attributed to the performance of his usual and customary job tasks. The patient underwent arthroscopy of the right shoulder on 12/16/2013 with an anterior superior glenoid labral repair, suture anchor, repeated subacromial decompression, and rotator cuff repair. The patient was subsequently authorized 24 sessions of postoperative rehabilitation physical therapy. The patient was reported by the treating physician to have slow progressive improvement with range of motion to the right shoulder. It was noted that the patient had previously authorized 24 sessions of PT and wished to have additional sessions. The objective findings on examination included right shoulder abduction 150; flexion to about 155; internal rotation 70; external rotation 55; extension 20 a deduction was 20; focal numbness in the area of the ring and little finger; minimal weakness of the intrinsic muscles of the right hand. The treatment plan included 2x4 additional sessions of postoperative rehabilitation physical therapy and the purchase or rental of a TENS unit. The patient was also requested to have an MRI of the cervical spine; possible use of Lyrica or gabapentin due to possible early RSD/CRPS of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 8-Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-04, Chronic Pain Treatment Guidelines Physical Therapy Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section---physical therapy; exercises American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 114

Decision rationale: There was no clinical documentation to support the medical necessity of additional PT over the recommended self-directed home exercise program for the post-operative right shoulder. There is no objective evidence provided to support the medical necessity of additional PT beyond the number recommended by the CA MTUS for strengthening as opposed to the recommended HEP in order to increase range of motion. The patient has completed 24 sessions of the previously authorized PT/physiotherapy and should be integrated into a self-directed home exercise program for conditioning and strengthening. The patient is 11 months s/p (status post) date of surgery for the shoulder whereas the California MTUS recommends postoperative rehabilitation over 12-14 weeks. The patient has received the CA MTUS recommended number of sessions of PT. The patient is documented to have received prior sessions of postoperative rehabilitation physical therapy directed to the right shoulder. There is no provided rationale to support the additional 2x4 sessions of post-operative PT other than for increased strengthening. There was no documented muscle atrophy that required more than a simple self-directed home exercise program. The patient was reported to have less than full range of motion and some weakness; however, was not established as participating in a self-directed home exercise program as recommended by evidence based guidelines. The recommended additional strengthening could be obtained in a self-directed home exercise program. The request exceeds the number of sessions of PT recommended by the CA MTUS for the post-operative rehabilitation of the shoulder s/p arthroscopy-SAD-RCR. The patient is documented to have received prior authorization for the recommended 24 sessions of PT. The CA MTUS and the Official Disability Guidelines recommend up to 24 sessions over 14 weeks of post-operative care of the shoulder subsequent to arthroscopic decompression and rotator cuff repair with an arthroscopic procedure. The patient has received the number of sessions recommended by the CA MTUS and should be in a self-directed home exercise program for conditioning and strengthening. There are no diagnoses that could not be addressed with HEP. The request for additional physical therapy over the recommended home exercise program is supported with objective evidence to support medical necessity. The patient has obtained the number of sessions of PT recommended by the CA MTUS for the post-operative rehabilitation of the shoulder. There is no evidence that the exercise program for the shoulder could not continue with HEP. There is no demonstrated medical necessity for an additional 2x4 sessions of physical therapy directed to the postoperative right shoulder.

Tens Unit - Either 3-6 Month Rental or a Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203; 300, Chronic Pain Treatment Guidelines TENS

unit chronic pain Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand--TENS unit; Pain chapter--TENS unit

Decision rationale: The requesting provider did not provide subjective/objective evidence to support the medical necessity of the TENS Unit or the electronic muscle stimulator for the treatment of the postoperative right shoulder. The ACOEM Guidelines do not recommend the use of TENS Units for neck, shoulder, elbow, or wrist as there is no objective evidence available to support their use. There is no justification for the use of the 4-lead TENS unit as required by the CA MTUS. The use of the TENS unit for the treatment for the wrist/hand/forearm is not recommended by the CA MTUS or the ACOEM Guidelines. There is no objective evidence provided to support the medical necessity of the requested TENS Unit or electric muscle stimulator for the treatment of the hand/forearm for the effects of the industrial injury. The TENS unit is directed to chronic right postoperative shoulder pain issues. The patient was noted to have used a TENS unit during PT rehabilitation; however, there was no documented functional improvement with the use of the tens unit and no demonstrated reduction in the use of medications for the post-operative shoulder for the right shoulder. There was no objective evidence to justify the continued use of the tens unit in the treatment plan for this patient. The CA MTUS and the Official Disability Guidelines only recommend the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. The TENS Unit is recommended for only chronic intractable pain. There was no provided documentation that the patient was participating in a self-directed home exercise program. The ACOEM Guidelines revised back chapter 4/07/08 does recommend the use of the TENS Unit for the treatment of chronic lower back pain; however it must be as an adjunct to a functional rehabilitation program and ongoing exercise program. The CA MTUS only recommend the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. There are no recommendations for the use of the TENS Unit in the treatment of the wrist, forearm, or hand. There is no objective evidence provided by the requesting provider that the same results cannot be achieved with a home exercise program established for functional rehabilitation with strengthening and conditioning directed to the hand. There is no demonstrated medical necessity for the provision of a TENS for the rehabilitation of the postoperative right shoulder for the reported chronic pain status post right shoulder arthroscopy with SAD and RCR. Therefore, the request is not medically necessary.