

Case Number:	CM15-0001492		
Date Assigned:	01/12/2015	Date of Injury:	10/15/2013
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 62-year-old female who reported an injury on 10/15/2013. The injured worker was reportedly struck on the right upper extremity by a parent. The current diagnoses include full thickness rotator cuff tear and possible bicep tendinitis. The injured worker presented on 09/29/2014 with complaints of 4/10 to 5/10 pain with limited range of motion and insomnia. Previous conservative treatment includes medication management, physical therapy, home exercise, and TENS therapy. Upon examination, there was 95 degrees forward flexion. Recommendations included continuation of the current treatment plan. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three sessions of additional physical therapy for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has previously participated in a course of physical therapy for the right shoulder. However, there was no documentation of the previous course with evidence of objective functional improvement. Therefore, additional treatment is not medically appropriate at this time.

Three sessions of manual therapy techniques for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section Page(s): 58 - 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. There was no documentation of a significant musculoskeletal condition upon examination. The medical necessity for manual therapy for the right shoulder has not been established. As such, the request is not medically appropriate.

Ultrasound for the right shoulder, three times per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound Section Page(s): 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

Decision rationale: California MTUS Guidelines do not recommend therapeutic ultrasound. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound. Therefore, the current request is not medically appropriate.

Electrical stimulation for the right shoulder, three times per week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. A 1 month trial should be documented with evidence of how often the unit was used, as well as outcomes in terms of pain relief and function. There was no documentation of a failure of other appropriate pain modalities. There was also no documentation of a successful 1 month trial. As such, the request is not medically appropriate.