

Case Number:	CM15-0108971		
Date Assigned:	06/15/2015	Date of Injury:	02/01/2003
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

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 70 year old female, who sustained an industrial injury on 2/1/2003. She reported continuous trauma to both shoulders. Diagnoses have included rotator cuff sprain/tear. Treatment to date has included right rotator cuff repair, decompression and distal clavicle resection (12/3/2014), physical therapy, chiropractic treatment, a home exercise program and medication. According to the progress report dated 5/11/2015, the injured worker complained of right shoulder pain with associated stiffness. The report was hand-written and difficult to decipher. Objective findings revealed increased range of motion. Authorization was requested for resistance chair exercise and rehabilitation system with freedom flex shoulder stretcher and acupuncture for the right shoulder two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in February 2003 and underwent right rotator cuff repair surgery with decompression in December 2014. Treatments have included postoperative physical therapy including a home exercise program. When seen, there was shoulder tenderness with decreased range of motion and decreased strength. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

Resistance chair exercise and rehabilitation system with freedom flex shoulder stretcher:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, Physical Therapy Guidelines (2) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work injury in February 2003 and underwent right rotator cuff repair surgery with decompression in December 2014. Treatments have included postoperative physical therapy including a home exercise program. When seen, there was shoulder tenderness with decreased range of motion and decreased strength. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a simple home pulley system for strengthening and range of motion. Providing the requested exercise system is not medically necessary.