

Case Number:	CM15-0132916		
Date Assigned:	07/21/2015	Date of Injury:	06/05/2003
Decision Date:	08/17/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/09/2015

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

Certification(s)/Specialty: Emergency Medicine

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 60 year old male with a June 5, 2003 date of injury. A progress note dated June 10, 2015 documents subjective complaints (right shoulder pain, weakness, and stiffness; swelling of the right hand), objective findings (tenderness to palpation of the right shoulder with spasm and decreased tendon reflexes; decreased range of motion and strength of the right shoulder), and current diagnoses (sprain/strain of the shoulder; sprain/strain of the rotator cuff). Treatments to date have included transcutaneous electrical nerve stimulator unit and medications. The medical record indicates that the injured worker's transcutaneous electrical nerve stimulator unit is not working and needs to be replaced. The treating physician documented a plan of care that included physical therapy for the right shoulder, a transcutaneous electrical nerve stimulator unit, and an exercise rehab kit for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Treatments for the right shoulder twice a week for eight weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page 98-99.

Decision rationale: The requested Physical Therapy Treatments for the right shoulder twice a week for eight weeks, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The treating physician has documented subjective complaints (right shoulder pain, weakness, and stiffness; swelling of the right hand), objective findings (tenderness to palpation of the right shoulder with spasm and decreased tendon reflexes; decreased range of motion and strength of the right shoulder.) The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical Therapy Treatments for the right shoulder twice a week for eight weeks is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116.

Decision rationale: The requested TENS unit, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The treating physician has documented subjective complaints (right shoulder pain, weakness, and stiffness; swelling of the right hand), objective findings (tenderness to palpation of the right shoulder with spasm and decreased tendon reflexes; decreased range of motion and strength of the right shoulder. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit is not medically necessary.

Exercise Rehab Kit 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, Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Pages 46-47.

Decision rationale: The requested Exercise Rehab Kit for the right shoulder, is not medically necessary. CA MTUS 2009 Chronic Pain Treatment, Exercise, Pages 46-47 strongly recommend exercise as an integral part of a rehabilitation program; however, the guidelines do not specifically address exercise supplies. The treating physician has documented subjective complaints (right shoulder pain, weakness, and stiffness; swelling of the right hand), objective findings (tenderness to palpation of the right shoulder with spasm and decreased tendon reflexes; decreased range of motion and strength of the right shoulder. The treating physician has not documented the specific constituent parts of such an exercise kit. The criteria noted above not having been met, Exercise Rehab Kit for the right shoulder is not medically necessary.