

<b>Case Number:</b>	CM15-0146845		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/23/2014
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 53-year-old male who sustained an industrial injury on 11-23-2014. He was moving a 400-pound container of facial cream off of a pallet when the pallet broke and he had to push back against the container to protect himself from it falling towards him. He has reported right shoulder pain and has been diagnosed with previous subacromial decompression, right shoulder with residual loss of range of motion and weakness. Treatment has included physical therapy, medical imaging, and medication. Range of motion was decreased to the right shoulder. There was tenderness at the subacromial bursa. The treatment plan included physical therapy and medications. The treatment request included physical therapy to the right shoulder and TENS unit 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 for the right shoulder, three times a week for four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right shoulder three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is subacromial decompression, right shoulder with residual loss of range of motion and weakness. Date of injury is November 23, 2014. Request for authorization is July 21, 2015. The documentation indicates the injured worker received 10 physical therapy sessions prior to shoulder surgery. According to a progress note, the injured worker received 8 physical therapy sessions between April 28, 2015 and May 19, 2015. The total number of physical therapy sessions is not documented. There are no physical therapy notes or documentation demonstrating objective functional improvement. According to a June 5, 2015 progress note, the injured worker is improving with increased range of motion. According to a July 10, 2015 progress note, the injured worker has ongoing pain in the right shoulder and physical therapy helps. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, absent physical therapy progress notes and total number of physical therapy sessions to date and compelling clinical facts indicating additional physical therapy over the recommended guidelines is warranted, physical therapy to the right shoulder three times per week times four weeks is not medically necessary.

**TENS unit for right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit to the right shoulder is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. TENS is recommended for post stroke rehabilitation. See the guidelines for additional details. In this case, the injured worker's working diagnosis is

subacromial decompression, right shoulder with residual loss of range of motion and weakness. Date of injury is November 23, 2014. Request for authorization is July 21, 2015. The documentation indicates the injured worker received 10 physical therapy sessions prior to shoulder surgery. According to a progress note, the injured worker received 8 physical therapy sessions between April 28, 2015 and May 19, 2015. The total number of physical therapy sessions is not documented. There are no physical therapy notes or documentation demonstrating objective functional improvement. According to a June 5, 2015 progress note, the injured worker is improving with increased range of motion. According to a July 10, 2015 progress note, the injured worker has ongoing pain in the right shoulder and physical therapy helps. There is no documentation demonstrating objective functional improvement. There is no documentation of a TENS trial. Additionally, TENS is not indicated post shoulder surgery. TENS to the shoulder is indicated for post stroke rehabilitation. There is no documentation of posts stroke rehabilitation. Based on the clinical information medical record, the peer-reviewed evidence-based guidelines, a TENS trial and inappropriate clinical indication, TENS unit to the right shoulder is not medically necessary.