

Case Number:	CM15-0164984		
Date Assigned:	09/11/2015	Date of Injury:	05/04/2015
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 31-year-old who has filed a claim for neck and shoulder pain reportedly associated with an industrial injury of May 4, 2015. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve requests for a TENS unit purchase, 6 additional sessions of physical therapy, and MRI imaging of the shoulder. The claims administrator referenced a July 8, 2015 progress note in its determination. The MTUS Chronic Pain Medical Treatment Guidelines were seemingly cited, although this did not appear to be a chronic pain case as of the date of the request. On August 7, 2015, the attending provider appealed the shoulder MRI denial, noting that the claimant had ongoing complaints of neck and shoulder pain. The claimant exhibited 110 degrees of left shoulder range of motion. The attending provider contended that the applicant had issues with rotator cuff tear and had received 6 sessions of physical therapy to date. Diclofenac, Prilosec, Ultracet, Flexeril, LidoPro, physical therapy, MRI imaging of the left shoulder, and the TENS unit were sought. In an RFA form dated June 26, 2015, the attending provider reiterated his request for an additional 6 sessions of physical therapy and a TENS unit for home use purposes. On July 8, 2015, the applicant was again described as exhibiting limited left shoulder range of motion with flexion and abduction in the 140- to 150-degree range. MRI imaging of the shoulder, tramadol, and topical LidoPro were endorsed. The applicant was given a 10- to 15-pound lifting limitation, seemingly unchanged when contrasted against prior and successive visits. Multiple medications were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Physical Therapy visits for the Left Shoulder, 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: The request for 6 additional sessions of physical therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (6 sessions, per the attending provider), seemingly in excess of the initial and follow-up visits suggested in the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204 for education, counseling, and evaluation of home exercise transition purposes. The applicant had, however, seemingly failed to respond favorably to the same. The applicant was seemingly off work with a rather proscriptive 10- to 15-pound lifting limitation in place. The fact that MRI imaging and multiple medications, including diclofenac, Ultracet, Flexeril, topical LidoPro, etc., were ordered on July 8, 2015 and/or August 7, 2015, coupled with the applicant's rather proscriptive 10- to 15-pound lifting limitation, taken together, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least 6 prior sessions of physical therapy. Therefore, the request for 6 additional sessions of physical therapy was not medically necessary.

Purchase of TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Initial Care, Summary.

Decision rationale: Similarly, the request for a TENS unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, page 203, TENS units, i.e., the article at issue, are not supported by high-quality medical studies. The MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 212 further notes that passive modalities such as the TENS device in question are deemed "not recommended." The MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 also notes that TENS therapy is deemed "not recommended" as part of initial approaches to treatment. Here, the attending provider failed to furnish a clear or compelling rationale for a variance from the MTUS Guideline(s) in ACOEM Chapter 3, Table 3-1, page 49, ACOEM Chapter 9, Table 9-6, page 212, and ACOEM Chapter 9, page 203. There was no mention, moreover, of the applicant's having employed the device in question on a trial basis prior to the request for a purchase being initiated. Therefore, the request was not medically necessary.

MRI of the Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter (Online Version), Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: Finally, the request for MRI imaging of the shoulder was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of partial-thickness and/or large full-thickness rotator cuff tears. Here, the attending provider suggested on office visits of July 8, 2015 and August 7, 2015 that the applicant's presentation was deteriorating and that the applicant's diminished shoulder range of motion was suggestive of evocative of a rotator cuff tear. The attending provider likewise suggested/insinuated that the applicant would act on the results of the same and/or consider surgical intervention based on the outcome. Moving forward with the MRI in question was, thus, indicated. Therefore, the request was medically necessary.