

Case Number:	CM15-0167171		
Date Assigned:	09/04/2015	Date of Injury:	03/24/2014
Decision Date:	10/09/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/25/2015

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

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 35 year old male with a March 24, 2014 date of injury. A progress note dated July 22, 2015 documents subjective complaints (persistent pain in the right shoulder rated at a level of 3 out of 10 due to compensation and overuse; left shoulder pain rated at a level of 4 to 5 out of 10), objective findings (significantly decreased range of motion of the left shoulder; tenderness and hypertonicity of the left trapezius muscles on palpation; positive Neer's and Hawkins tests; decreased strength with abduction of the left shoulder), and current diagnoses (left shoulder rotator cuff syndrome; rule out new tear of the left shoulder). Treatments to date have included one session of physical therapy for the bilateral shoulders, left shoulder arthroscopy, magnetic resonance imaging of the left shoulder (April 2, 2015; showed mild supraspinatus and infraspinatus tendinopathy; mild subacromial and subdeltoid bursitis; slight superior anterior and inferior glenoid labrum without a labral tear), and medications. The medical record indicates that the injured worker was not currently taking medications. The treating physician documented a plan of care that included twelve sessions of physical therapy for the left shoulder and a thirty day rental of a transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of physical therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with pain affecting the bilateral shoulders. The current request is for Twelve (12) sessions of physical therapy for the left shoulder. The treating physician report dated 7/31/15 (13B) states, "Request authorization for additional physical therapy to the left shoulder, two times a week for six weeks". A report dated 3/12/15 (20B) states, "On July 31, 2014, the patient underwent left shoulder surgery. He participated in a postoperative course of physical therapy for a period of approximately eight weeks, with temporary benefit". MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. The patient is status post left shoulder arthroscopy on 7/31/14 and is no longer within the postsurgical treatment period as established by the MTUS-PSTG. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.

30 day TENS unit rental: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with pain affecting the bilateral shoulders. The current request is for 30 day TENS unit rental. The treating physician report dated 7/31/15 (13B) states, "(The patient) does continue with significant neuropathic pain. At this time, I do recommend that patient be provided a TENS unit on a one month trial basis". The patient has subjective complaints of hot/burning pain, pricking, tingling, pins and needles as well as numbness of the affecting body part(s). The TENS/EMS device is being prescribed to reduce and manage pain". Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable

methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows the patient has previously been prescribed a TENS unit for a one month trial. In this case, the patient presents with neuropathic pain and a 30-day trial is reasonable and within the MTUS guidelines. The current request satisfies the MTUS guidelines as outlined on page 114. The current request is medically necessary.