

<b>Case Number:</b>	CM15-0181181		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 57 year old male, who sustained an industrial injury on 08-27-2013. He has reported subsequent neck, left upper extremity and left shoulder pain and was diagnosed with left shoulder impingement, rotator cuff strain, bicipital tendinitis status post arthroscopy with rotator cuff repair and adhesive capsulitis release with persistent symptomatology and frozen shoulder, ulnar neuritis on the left, radicular symptoms from the neck with numbness and tingling and chronic pain. Treatment to date has included pain medication, shoulder injections, application of heat and ice, bracing, transcutaneous electrical nerve stimulator (TENS) unit, surgery and at least 12 sessions of physical therapy. Physical therapy was noted to have been helpful in mobilizing his hand and getting motion. In a progress note dated 08-21-2015, the physician noted that MRA of the left shoulder showed a thinning of the rotator cuff with some wear along the acromioclavicular joint and some irregularities along the labrum. The injured worker reported that he "wishes something would be done with that shoulder because he said it is not functional". Numbness along the left hand was also observed. Objective examination findings were notable for elevated blood pressure, elevated pulse, tenderness along the rotator cuff, abduction to 140 degrees, swelling along the ring finger at the PIP joint, external rotation of 70 degrees on the left, internal rotation was 60 degrees on the left, wrist flexion was 45 degrees to the right and 40 degrees on the left, decreased strength to abduction on the left side and positive impingement, Hawkin's and Speed's tests. The injured worker was noted to be working but to have quite a bit of difficulty. A request for authorization of 12 sessions of physical therapy for the left shoulder and purchase of a four leads TENS unit was submitted. As per the 09-02-2015 utilization review, the requests for 12 sessions of physical therapy for the left shoulder and purchase of a four leads TENS unit were non-certified.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**12 sessions of physical therapy for the left shoulder:** 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, Summary, and Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** In this case, the claimant had surgery over a year ago and performed an unknown amount of therapy in the past but exceeded 10 sessions. Although more may be needed in the post-op setting, there is no indication for this in the current time frame. There is no indication that additional exercises cannot be performed at home. As a result, the request for 12 additional physical therapy sessions is not medically necessary.

**Purchase of a four leads TENS unit:** Upheld

**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:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Indefinite use is not recommended. The request for a TENS unit is not medically necessary.