

Case Number:	CM15-0194278		
Date Assigned:	10/08/2015	Date of Injury:	01/21/2014
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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:

The injured worker is a 54 year old male who sustained an industrial injury on 01-21-2014. A review of the medical records indicated that the injured worker is undergoing treatment for biceps tendinosis and cervical herniated nucleus pulposus. The injured worker is status post right shoulder arthroscopy, extensive debridement, excision of the distal clavicle and subacromial decompression on 05-21-2015. According to the treating physician's progress report on 09-21-2015, the injured worker continues to experience right shoulder pain with improvement in the neck with traction performed in physical therapy. Objective findings documented range of motion was unclear with positive Hawkins and Neer's tests. Tenderness to palpation was noted at the acromioclavicular joint. Prior treatments have included diagnostic testing, surgery, steroid injections to the shoulder, physical therapy and medications. The records indicate the injured worker received physical therapy for the shoulder and cervical area in July 2015 and August 2015 (no quantity documented). Current medications were not noted. On 09-22-2015 the provider requested authorization for physical therapy, cervical spine and right shoulder, twice a week for 6 weeks and a posture shirt from FBM. On 09-25-2015 the Utilization Review determined the requests for additional physical therapy to the cervical spine and right shoulder, twice a week for 6 weeks and a posture shirt from FBM were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posture shirt from FBM: 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 Chapter and Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under [REDACTED] Posture Garments Low Back - Lumbar and Thoracic (Acute & Chronic) Chapter, under [REDACTED] Posture Garments.

Decision rationale: The patient presents with neck pain and pain in the right shoulder. The request is for Posture shirt from FBM. Patient is status post right shoulder surgery, 05/21/15. Examination to the right shoulder on 09/21/15 revealed a positive Hawkin's test. Examination to the cervical spine revealed improvement in the neck. Per 06/17/15 progress report, patient's diagnosis includes s/p R VASAD, ACA, debrid. Patient is to remain off-work until next appointment, per 09/21/15 progress report. ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under [REDACTED] Posture Garments states: "Not recommended as a treatment for shoulder pain. [REDACTED] posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less pain, according to marketing materials. There are no quality published studies to support these claims. See also the Low Back Chapter." ODG Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic) Chapter, under [REDACTED] Posture Garments states: "Not recommended as a treatment for back pain. [REDACTED] posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain, according to marketing materials. There are no quality published studies to support these claims. See also Posture garments." ODG Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic) Chapter, under [REDACTED] Posture Garments states: "Not recommended as a treatment for back pain. Posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less back pain. There are no quality published studies to support these claims." In Progress report dated 09/21/15, the treater is requesting for a posture shirt from FBM to correct posture of patient and to improve shoulder and neck pain. The patient is status post right shoulder arthroscopy, extensive debridement, excision of distal clavicle, and subacromial decompression on 05/21/15 and continues with pain in the right shoulder and neck. The guidelines do not specifically address posture garments for pain in the cervical spine. However, ODG guidelines do not support the use of postural garments for shoulder and back pain. Therefore, the request is not medically necessary.

Physical therapy, cervical spine and right shoulder, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

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

Decision rationale: The patient presents with neck pain and pain in the right shoulder. The request is for Physical therapy, cervical spine and right shoulder, 2 times a week for 6 weeks. Patient is status post right shoulder surgery, 05/21/15. Examination to the right shoulder on 09/21/15 revealed a positive Hawkin's test. Examination to the cervical spine revealed improvement in the neck. Per 06/17/15 progress report, patient's diagnosis includes s/p R VASAD, ACA, debrid. Patient is to remain off-work until next appointment, per 09/21/15 progress report. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks". In progress report dated 09/21/15, the treater is requesting 12 physical therapy sessions to continue neck improvement. Per utilization review letter dated 09/25/15, the patient has completed 24 session of post-operative therapy for the right shoulder and has been approved for 12 additional sessions for the cervical spine. Review of the medical records provided indicates that the patient has completed 6 sessions of physical therapy to the cervical spine. The treater however, has not documented a reduction in pain and functional improvement from previous therapy. Furthermore, the treater has not discussed why the patient cannot transition into a home based exercise program. Additionally, the guidelines allow up to 10 sessions of therapy and the requested 12 sessions, in addition to prior sessions, exceeds guideline recommendations. Therefore, the request is not medically necessary.