

Case Number:	CM15-0197633		
Date Assigned:	10/13/2015	Date of Injury:	05/07/2015
Decision Date:	11/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/07/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 42 year old male with an industrial injury dated 05-07-2015. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder superior labral tear extending to the posterior labrum, left shoulder paralabral cyst, and left shoulder osteoarthritis. According to the progress note dated 09-25-2015, the injured worker reported worsened left shoulder pain. Pain level was 4-5 out of 10 on a visual analog scale (VAS). The pain decreases with ice, transcutaneous electrical nerve stimulation (TENS) unit in therapy and rest. The pain increases with left shoulder motion. The injured worker is assigned modified work duties. Objective findings (09-25-2015) revealed mildly tight and tender left upper trapezius and paraspinal soft tissues. Left shoulder tenderness in posterior, posterolateral and superior. Upper trapezius is tight and tender. There is unrestricted shoulder motion in all planes. Left shoulder relocation test, left shoulder superior labral testing, left shoulder O'Brien test, and left shoulder impingement sign were all positive. Left shoulder Hawkin's maneuvers caused pain. Magnetic Resonance Arthrogram of the left shoulder on 9-24-2015 revealed "SLAP tear extending into posterior labrum, 2 multilobulated paralabral cysts emanating from posterior inferior portion of this tear and moderately severe focal cartilage thinning of the central and posterior glenoid cartilage with adjacent subchondral cystic changes." Treatment has included diagnostic studies, prescribed medications, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, activity modifications, and periodic follow up visits. The treatment plan included left shoulder arthroscopy, postoperative medication, post-op sling, ice machine, post op physical therapy and transcutaneous electrical nerve stimulation (TENS) unit. The treating

physician prescribed services for sixteen (16) visits post-op physical therapy left shoulder and transcutaneous electrical nerve stimulation (TENS) unit with evaluation and instruction. The utilization review dated 10-07-2015 modified the request for 12 visits post-op physical therapy left shoulder (original: 16 visits) and non-certified the request for transcutaneous electrical nerve stimulation (TENS) unit with evaluation and instruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) visits post-op physical therapy left 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 Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ('fading') should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing shoulder pain. Treatment with surgery was planned. Therapist-directed physical therapy can be helpful with aiding recovery and improving function after this type of surgery. However, the request is for a large number of sessions for this type of procedure, and does not account for personalization of the worker's care needs. For this reason, the current request for sixteen physical therapy sessions after surgery for the left shoulder is not medically necessary.

TENS unit with evaluation and instruction: Upheld

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

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

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed

improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. The submitted documentation indicated the worker was experiencing shoulder pain. Treatment with surgery was planned. However, the request did not specify if the unit was to be rented or purchased. For this reason, the current request for the unspecified rental or purchase of a transcutaneous electrical nerve stimulation (TENS) unit with evaluation and instruction is not medically necessary.