

Case Number:	CM15-0201329		
Date Assigned:	10/16/2015	Date of Injury:	08/29/2014
Decision Date:	12/02/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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:

The injured worker is a 47 year old female who sustained an industrial injury on 8-29-14. A review of the medical records indicates she is undergoing treatment for right shoulder pain, right shoulder impingement, and cervical radiculopathy. Medical records (10-2-15) indicate complaints of "persistent" right shoulder pain, rating "6-7 out of 10". She reports that her pain radiates to the right arm and "sometimes" to the right scapular region with repetitive activities. She reports associated numbness and tingling in the right upper extremity and has a "swollen feeling" in the right upper extremity. She reports difficulty with routine activities with the right upper extremity and difficulty reaching above the shoulder level. She also complains of left knee pain, which is worse with standing and walking. She reports difficulty with squatting and kneeling. She describes the left knee pain as "achy" in the anterior left knee with a "swollen feeling". The physical exam (10-2-15) reveals that she is "grossly protective of her right upper extremity". Tenderness is noted at the right acromioclavicular joint and glenohumeral joint. Painful "resisted" internal rotation is noted. Tenderness is also noted in the left knee joint line. Diagnostic studies have included x-rays of the bilateral shoulders, and an MRI of the right shoulder. Treatment has included physical therapy (at least 12 sessions) and medications. She states that she would like to pursue additional physical therapy. Treatment recommendations are for a one-month trial of a TENS unit, eight to twelve sessions of physical therapy for the right shoulder, a prescription for Nabumetone 750mg twice daily, and an x-ray of the left knee. The utilization review (10-7-15) includes requests for authorization of Nabumetone 750mg #60, a rental of a TENS unit for one month, physical therapy twice a week for four to six weeks for the right shoulder, and x-rays of the left knee. The TENS unit and physical therapy were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Rental of TENS Unit x 1 month: Overturned

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: The patient presents with pain affecting the right shoulder. The current request is for DME: Rental of TENS Unit x 1 month. The treating physician states in the report dated 10/2/15, "I am requesting authorization for tens unit trial for one month." (12D) The MTUS Guidelines state, "A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II." In this case, the treating physician has documented that the patient has neuropathic pain and there is no evidence that the patient has had a prior one month trial with a TENS unit. The current request is medically necessary.

Outpatient Physical Therapy, Right Shoulder 2 times a week for 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Physical Medicine, and Postsurgical Treatment 2009, Section(s): Shoulder.

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

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Outpatient Physical therapy, right shoulder 2 times a week for 4-6 weeks. The treating physician states in the report dated 10/2/15, "She wants to pursue with additional physical therapy. I am requesting authorization for eight to twelve sessions of physical therapy for range of motion and strengthening exercises for right shoulder." (12D) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the treating physician has not documented how many prior physical therapy sessions the patient has completed and if the patient had any functional improvement with physical therapy. There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program. The current request exceeds the MTUS guidelines which limit physical therapy to 8-10 sessions. The current request is not medically necessary.