MAXIMUS Federal Services

| Case Number: | CM15-0201839 | | |
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| Date Assigned: | 10/16/2015 | Date of Injury: | 06/01/2011 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 10/14/2015 |

## 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 female who sustained an industrial injury on 6-1-2011 and has been treated for bilateral shoulder rotator cuff rupture. She is status post cuff repair, with "normal post-surgical changes and no tears" stated to be based on to an undated MRI. On 9-2-2015 the injured worker reported right shoulder pain, weakness, and occasional numbness. She reported recently dropping hot water due to weakness, burning her hands. Objective examination noted atrophy of the right shoulder muscles, tenderness with palpation, and pain during Neer, Hawkins-Kennedy, and Whipple tests. Documented treatment includes bilateral shoulder surgeries "in the past," without ever having resolution of pain, physical therapy completed 1-2015 noted to have improved strength and flexibility, home TENS unit noted to "help," home exercise, and Ibuprofen. She is noted to have completed 6 sessions of acupuncture "3-4 months ago," improving symptoms but "with no lasting benefit." The treating physician's plan of care includes physical therapy once per week for 6 weeks; and, servicing, electrodes and a new batter for the injured worker's TENS unit. All were denied on 9-10-2011. The injured worker is working full duty.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 1 Time a Week for 6 Weeks for the Left Shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

**Decision rationale:** The claimant sustained a work injury in June 2011 and continues to be treated for bilateral shoulder pain. She sustained a complete left rotator cuff rupture treated surgically and has a pre-injury history of right shoulder surgery also for a rotator cuff rupture. In February 2015 a trial of home based TENS was started. In May 2015 there had been improvement and purchase of a home unit was requested. When seen in September 2015 she had recently completed acupuncture treatments. There had been no lasting benefit. Therapy had helped in the past. She had not had therapy for 3-4 months. Physical examination findings included shoulder tenderness with decreased range of motion and pain with impingement testing. There was decreased shoulder strength. Authorization was requested for six sessions of physical therapy. The assessment references the claimant's TENS unit as needing a new battery. In January 2015 there had been completion of eight physical therapy treatment sessions including instruction in a home exercise program. In this case, the claimant has had physical therapy within the past 12 months including instruction in a home exercise program. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing the number of requested additional skilled physical therapy services would not reflect a fading of skilled treatments and could promote dependence on therapy provided treatments. The request is not medically necessary.

**TENS Unit with Services, Electrodes, Warranty:** 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:** The claimant sustained a work injury in June 2011 and continues to be treated for bilateral shoulder pain. She sustained a complete left rotator cuff rupture treated surgically and has a pre-injury history of right shoulder surgery also for a rotator cuff rupture. In February 2015 a trial of home based TENS was started. In May 2015 there had been improvement and purchase of a home unit was requested. When seen in September 2015 she had recently completed acupuncture treatments. There had been no lasting benefit. Therapy had helped in the past. She had not had therapy for 3-4 months. Physical examination findings included shoulder tenderness with decreased range of motion and pain with impingement testing. There was decreased shoulder strength. Authorization was requested for six sessions of

physical therapy. The assessment references the claimant's TENS unit as needing a new battery. In January 2015 there had been completion of eight physical therapy treatment sessions including instruction in a home exercise program. In this case, the continued use of TENS is supported. However, it is unclear as to whether more than replacement batteries and electrodes is being requested. In terms of the electrodes and batteries, there are many factors that can influence how long they last such as how often and for how long the unit is being used. Cleaning of the pads after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1-3 months at a minimum. In this case, the quantity being requested is not specified. For these reasons the request is not medically necessary.