

Case Number:	CM15-0203355		
Date Assigned:	10/20/2015	Date of Injury:	04/21/2014
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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:

This is a 64 year old male who sustained a work-related injury on 4-21-14. Medical record documentation on 9-30-15 revealed the injured worker was being treated for status post right shoulder arthroscopic subacromial decompression on 5-27-15. He reported pain in the right shoulder which was improved. He rated his pain an 8 on a 10-point scale at worst and a 6 on a 10-point scale with medications. He had six acupuncture therapy sessions and he noted that the traction used in physical therapy was quite helpful during two separate sessions but the effects wore off after 20-30 minutes. His pain was improved with rest, medications and ice. Physical modalities proved reasonably effecting in the improving his activity tolerance. Objective findings included a full cervical spine range of motion with pain noted on full forward flexion and right rotation. He had trapezius triggering mild-moderate on the right only and mild-moderate paracervical spasm. He had moderate spasm at the rhomboids and trapezius right greater than left. He had mild tenderness to palpation at the lateral acromion and acromioclavicular joint, anterior glenohumeral joint and biceps tendon groove. Resisted strength testing was 4 on the right and 5-5 on the left. Right shoulder range of motion included flexion to 150 degrees, extension to 50 degrees, abduction to 150 degrees, internal rotation to 90 degrees and external rotation to 80 degrees. Documentation revealed the injured worker had twelve sessions of physical therapy for the right shoulder from 8-7-15 to 9-17-15. The physical therapy progress note dated 9-17-15 revealed that it was "doubtful continues therapy will change pain reports." He had no pain with shoulder motions and had self-limiting pain in the upper back. On 10-7-15, the Utilization Review physician determined EMG-NCV for the right upper extremity, Thera cane for the right shoulder and physical therapy for the right shoulder quantity of 6 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS for the right upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary Online Version last updated 09/08/2015.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient presents with RIGHT shoulder pain. The request is for EMG/NCS for the Right Upper Extremity. The request for authorization is dated 09/30/15. The patient is status post subacromial decompression, 05/27/15. X-ray of the cervical spine, 06/04/14, shows mild age appropriate degenerative changes seen most prominently at C4-5 and C5-6 with osteophytosis. Physical examination of the cervical spine reveals ROM is full in all planes with notable pain behaviors on full forward flex and RIGHT rotate. There is trapezius triggering mild-moderate on the RIGHT only. There is mild-mod paracervical spasm/ttp; there is moderate spasm at rhomboids and trapezius R>L. Exam of the RIGHT shoulder reveals a 2 inch non-mobile mass which the patient reports is a fatty lipoma, stable for years at approximately T5-6, RIGHT paravertebrals. At the shoulder joint there are well healed portal incisions. There is mild tenderness to palpation at the lateral acromion and acromio clavicular joint, anterior glenohumeral joint & biceps tendon groove. Had 6 sessions acupuncture. Patient's medications include Acetaminophen and Norco. Per progress report dated 09/30/15, the patient is on modified work. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 09/30/15, treater's reason for the request is "to rule out cervical disease contributing to persistent shoulder pain nearly 6 months post op." In this case, the patient continues with RIGHT shoulder pain. Given the patient's RIGHT upper extremity symptoms, physical examination findings and diagnosis, EMG/NCV study would appear reasonable. There is no evidence that the patient has had a prior EMG/NCV of the Right Upper Extremity study done. The request appears to meet guidelines indication. Therefore, the request IS medically necessary.

Physical therapy for the right shoulder, quantity 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The patient presents with Right shoulder pain. The request is for Physical Therapy for the Right Shoulder, Quantity 6. The request for authorization is dated 09/30/15. The patient is status post subacromial decompression, 05/27/15. X-ray of the cervical spine, 06/04/14, shows mild age appropriate degenerative changes seen most prominently at C4-5 and

C5-6 with osteophytosis. Physical examination of the cervical spine reveals ROM is full in all planes with notable pain behaviors on full forward flex and Right rotate. There is trapezius triggering mild-moderate on the Right only. There is mild-mod paracervical spasm/ttp; there is moderate spasm at rhomboids and trapezius R>L. Exam of the Right shoulder reveals a 2 inch non-mobile mass which the patient reports is a fatty lipoma, stable for years at approximately T5-6, Right paravertebrals. At the shoulder joint there are well healed portal incisions. There is mild tenderness to palpation at the lateral acromion and acromio clavicular joint, anterior glenohumeral joint & biceps tendon groove. Had 6 sessions acupuncture. Patient's medications include Acetaminophen and Norco. Per progress report dated 09/30/15, the patient is on modified work. MTUS post-surgical guidelines, pages 26-27, Shoulder Section recommends: Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair / acromioplasty): 24 visits over 14 weeks, Postsurgical physical medicine treatment period: 6 months. Per progress report dated 09/30/15, treater's reason for the request is "for work hardening program." The patient is status post RIGHT shoulder surgery, 05/27/15. In this case, the patient is still within the postsurgical treatment period but continues with RIGHT shoulder pain. Given the patient's condition, continued short course of physical therapy would appear to be indicated. Per physical therapy report dated 09/17/15, the patient has attended 12 visits of Physical Therapy. MTUS supports up to 24 visits of postsurgical treatment for this condition. The request for 6 additional visits of Physical Therapy appears to be reasonable and within guidelines indication for this condition. Therefore, the request is medically necessary.

Thera cane for the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, under Durable medical equipment (DME) and Other Medical Treatment Guidelines www.theracane.com.

Decision rationale: The patient presents with Right shoulder pain. The request is for Thera Cane for the Right Shoulder. The request for authorization is dated 09/30/15. The patient is status post subacromial decompression, 05/27/15. X-ray of the cervical spine, 06/04/14, shows mild age appropriate degenerative changes seen most prominently at C4-5 and C5-6 with osteophytosis. Physical examination of the cervical spine reveals ROM is full in all planes with notable pain behaviors on full forward flex and Right rotate. There is trapezius triggering mild-moderate on the Right only. There is mild-mod paracervical spasm/ttp; there is moderate spasm at rhomboids and trapezius R>L. Exam of the Right shoulder reveals a 2 inch non-mobile mass which the patient reports is a fatty lipoma, stable for years at approximately T5-6, Right paravertebrals. At the shoulder joint there are well healed portal incisions. There is mild tenderness to palpation at the lateral acromion and acromio clavicular joint, anterior glenohumeral joint & biceps tendon groove. Had 6 sessions acupuncture. Patient's medications include Acetaminophen and Norco. Per progress report dated 09/30/15, the patient is on modified work. MTUS, ACOEM and ODG guidelines do not discuss the Thera Cane www.theracane.com, the Thera Cane is a commercial product used by consumers/patient for self trigger point massage and exercises. ODG Guidelines, Knee & Leg Chapter, under Durable medical equipment (DME) Section states, "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4)

Is appropriate for use in a patient's home. (CMS, 2005)" DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." Per progress report dated 09/30/15, treater's reason for the request is "for self-release of trapezius trigger point." In this case, the patient continues with Right shoulder pain. And patient maintains a regular self care program including ice, heat, and exercise to preserve current function. The Thera Cane can be used repeatedly at home for the medical purpose of self massaging trigger point areas, and is generally not useful absent the condition. The request appears reasonable and within ODG guidelines for DME. Therefore, the request is medically necessary.