

Case Number:	CM15-0055654		
Date Assigned:	03/30/2015	Date of Injury:	03/04/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/24/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 52 year old female, who sustained an industrial injury on March 4, 2014. She reported shoulder pain. The injured worker was diagnosed as having impingement syndrome, shoulder adhesive capsulitis, rotator cuff sprain/strain, and other affections of shoulder. Treatment to date has included medications, physical therapy, h-wave, cold pack applications, and home exercises. On February 9, 2015, he was seen for right shoulder pain. He is reported to be showing very slow progress with physical therapy. The treatment plan included: continuing physical therapy. The request is for additional physical therapy for the right shoulder, a home wave unit, and orthopedic consultation for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.

Home Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 118-119.

Decision rationale: H-wave stimulation is an isolated intervention, but a one-month home-based trial may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). In a recent retrospective study suggesting effectiveness of the H-wave device, the patient selection criteria included a physician documented diagnosis of chronic soft-tissue injury or neuropathic pain in an upper or lower extremity or the spine that was unresponsive to conventional therapy, including physical therapy, medications, and TENS. The records do not substantiate that this injured worker has failed other conventional therapy to medically justify continued H-wave system use. The request is not medically necessary.

Orthopedic Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: This injured worker was denied a request for an orthopedic evaluation. There are no red flag symptoms or signs which would be indications for immediate referral. Surgery is considered for partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement. Surgery is reserved for cases failing conservative therapy for three months. Other modalities of conservative therapy could be trialed prior to surgical referral. In this injured worker, the medical records do not support the medical necessity of an orthopedic consultation.