

Case Number:	CM15-0062685		
Date Assigned:	04/08/2015	Date of Injury:	04/08/2014
Decision Date:	05/07/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on 4/8/2014. He reported an exacerbation of right shoulder pain from an injury in the 1980s while working as a firefighter. The injured worker was diagnosed as having right shoulder internal derangement, left shoulder impingement and lumbar disc disease. There is no record of a recent diagnostic study. Treatment to date has included steroid injections, physical therapy and medications. In a progress note dated 2/17/2015, the injured worker complains of pain in the bicep and neck area. The treating physician is requesting 24 post-operative physical therapy visits, platelet-rich plasma injection and shoulder continuous passive motion unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times eight: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 3 times per week times 8 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right shoulder internal derangement; left shoulder impingement; and lumbar disc disease at left sacroiliac joint. The treating physician has requested authorization for left shoulder acromioplasty with labral debridement and injection of platelet rich plasma. Although 24 sessions of physical therapy is appropriate for this surgical procedure, a six visit clinical trial, pursuant to the recommended guidelines, is the appropriate course to follow. After a six is a clinical trial, the injured worker is reassessed to see if they are moving in a positive direction, no direction or negative direction prior to continuing physical therapy. Additionally, the injection with platelet rich plasma is not clinically indicated (infra). Consequently, absent compelling documentation pursuant to the recommended guidelines for a six visit clinical trial, physical therapy three times per week times eight weeks is not medically necessary.

Platelet rich plasma injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Platelet Rich Plasma.

Decision rationale: Pursuant to the Official Disability Guidelines, platelet rich plasma injection is not medically necessary. Platelet rich plasma (PRP) is under study as a solo treatment. The guidelines recommend PRP augmentation as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are right shoulder internal derangement; left shoulder impingement; and lumbar disc disease at left sacroiliac joint. The treating physician has requested authorization for left shoulder acromioplasty with labral debridement and injection of platelet rich plasma. PRP is indicated as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. The injured worker does not have a massive rotator cuff tear. There is no clinical indication for PRP. Consequently, absent clinical documentation of a large to massive rotator cuff tear, platelet rich plasma is not medically necessary.

Shoulder CPM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Continuous Passive Motion (CPM) and Other Medical Treatment Guidelines
http://www.aetna.com/cpb/medical/data/1_99/0010.html.

Decision rationale: Pursuant to the Official Disability Guidelines, shoulder continuous passive motion (CPM) is not medically necessary. CPM is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis up to four weeks, five days per week. For rotator cuff tears CPM is not recommended after shoulder surgery or for nonsurgical treatment. The Clinical Policy Bulletin: Continuous Passive Motion machine, according to Aetna, is clinically indicated for patients with total knee arthroplasty or replacement as an adjunct to ongoing physical therapy; anterior cruciate ligament repair; surgical release of adhesive capsulitis or manipulation under anesthesia of any joint; to promote growth and enhance cartilage healing. In this case, the injured worker's working diagnoses are right shoulder internal derangement; left shoulder impingement; and lumbar disc disease at left sacroiliac joint. The treating physician has requested authorization for left shoulder acromioplasty with labral debridement and injection of platelet rich plasma. According to the Aetna Clinical Policy Bulletin, left shoulder acromioplasty with labral debridement does not fall under the category for clinical indications of continuous passive motion. The injured worker did not undergo a total knee arthroplasty, anterior cruciate ligament repair or surgical release of adhesive capsulitis. See the attached link for additional indications. Consequently, absent clinical documentation with an appropriate clinical indication for CPM, shoulder continuous passive motion (CPM) is not medically necessary.