

Case Number:	CM15-0242986		
Date Assigned:	12/22/2015	Date of Injury:	02/10/2014
Decision Date:	01/25/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/14/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 36 year old male who sustained an industrial injury on 2-10-2014. Medical records indicate the injured worker is being treated for repetitive strain injury, right shoulder rotator cuff injury, status post right shoulder surgery June 2015, right shoulder strain, and myofascial pain syndrome. Per the pain management's initial evaluation dated 11-3-2015 the injured worker reports continued pain in his right shoulder that is constant with radiation to the shoulder. The injured worker also reports numbness sensation and describes the pain as burning and aching and his pain level is 6 out of 10. The injured worker reports his pain is aggravated by arm and hand function activity and has moderate to severe difficulty in sleep. On physical exam the pain management treating physician reports the injured worker has positive rotator cuff impingement, tenderness and swelling, and decreased range of motion. The pain management treating physician is requesting electromyography and nerve conduction studies of the upper extremity, acupuncture twice a week for 3 weeks, right shoulder cortisone injection times 1, MRI of the right shoulder, prescribed Naproxen 500mg and dispensed Flexeril 10mg and encouraged the injured worker to do exercises at no pain range and to apply modality treatment as needed. The injured worker's work status is performing regular duties. Treatment to date for the injured worker includes right shoulder arthroscopy with rotator cuff repair 6-10-2015, physical therapy (reported temporary pain relief) and Ibuprofen 600mg. A request for authorization was submitted on 11-3-2015 for acupuncture twice a week for 3 weeks, infrared, myofascial release, and cortisone injection times 1. The UR decision dated 11-18-2015 non-certified the request for

infrared twice a week for 3 weeks for right shoulder and myofascial release twice a week for 3 weeks for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared 2x3 for Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in the section on chronic back pain, but the same principles would apply to any area of chronic myofascial pain. The Guidelines do not support the use of infrared heat application over any other usual and customary method of delivering superficial heat. There is no Guideline support for approval of infrared heat as a distinct and separate procedure. Heat can be applied through simple means such as a heat pack. There are no unusual circumstances to justify an exception to Guidelines. The Infrared 2x3 for Right Shoulder is not medically necessary.

Myofascial Release 2x3 for Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

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

Decision rationale: MTUS Guidelines allow for up to 6 sessions of massage/myofascial release for persistent myofascial pain. This individual is working and in a home exercise program. Short utilization of this passive modality is consistent with Guidelines under these circumstances. The Myofascial Release 2x3 for Right Shoulder is medically necessary per Guideline recommendations.