

Case Number:	CM14-0104025		
Date Assigned:	07/30/2014	Date of Injury:	08/23/2011
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male who was reportedly injured on 8/23/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 6/3/2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated cervical spine as an unremarkable exam. Right Shoulder had limited range of motion with pain, crepitus, positive tenderness to palpation anterior, lateral at the acromioclavicular joint and biceps groove. Muscle strength was 4/5 and positive impingement. Diagnostic imaging studies included 6/9/2014 electromyogram/nerve conduction velocity of the bilateral upper extremities, which revealed normal study. X-rays right shoulder, reviewed, had moderate acromioclavicular joint arthropathy, and severe arthritis of the glenohumeral joint. Previous treatment included steroid injection, medications, and conservative treatment. A request was made for postop physical therapy for the right shoulder, transcutaneous electrical nerve stimulation unit, VascuTherm unit and was not certified in the pre-authorization process on 6/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Shoulder Acute & Chronic.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested surgical procedure has not been approved this time. Therefore, postoperative physical therapy is deemed not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: The California Medical Treatment Utilization Schedule recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of a previous one-month trial. As such, the request for purchase of a TENS unit is considered not medically necessary.

VascuTherm Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: Heat and cold therapy is recommended for select treatment of postsurgical patients. However, the requested surgical procedure has not been approved at this time. Therefore, this request is deemed not medically necessary.