

Case Number:	CM14-0161180		
Date Assigned:	10/06/2014	Date of Injury:	07/12/2012
Decision Date:	11/06/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 49-year-old male who reported an injury on 07/12/2012 while stacking heavy boxes above shoulder level and hurt his right shoulder as he was reaching for another box when the already stacked boxes began to fall. The injured worker tried to catch the falling box by using his right arm to catch the box and he felt a jerk in the right arm. He immediately felt pain to the right shoulder, right arm, and neck. The injured worker had a history of right shoulder pain that radiated down to the right arm. The diagnoses included a right glenohumeral labrum tear, rotator cuff syndrome to the right shoulder, and bursitis and tendonitis of the right shoulder. The diagnostics included an x-ray of the right shoulder that revealed no fractures, and an MRI dated 03/26/2013 that revealed a labral tear to the right shoulder. The past treatments included 29 sessions of postoperative physical therapy and medications. The objective findings dated 08/13/2014 of the shoulders revealed a postoperative scar noted to the right shoulder with 3+ spasm and tenderness to the right rotator cuff muscles and upper right shoulder muscles. Range of motion was measured by an external goniometer or digital protractor. Speed's test was positive on the right and supraspinatus test was positive on the right. The treatment plan included a followup visit and infrared to the right shoulder, electromuscular stimulation, and work hardening sessions. The Request for Authorization form dated 09/09/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits times 1: 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 ODG

Decision rationale: The request for followup visits x 1 is not medically necessary. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates or medications such as certain antibiotics require close monitoring. As patients conditions are extremely varied, a set of office visits per condition cannot be reasonably established. Determination of necessity to the office visit requires individual case review and assessment, being ever mindful that the best patient outcomes are achieved when there is eventual patient independence from the healthcare system through self-care as often as clinically feasible. The clinical notes indicate that the injured worker has had 29 sessions of physical therapy and the injury is over 2 years old, and the documentation indicated the injured worker was released to go back to work. As such, the request is not medically necessary.

Infrared to the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, Low level laser therapy (LLLTT)

Decision rationale: The request for infrared to the right shoulder is not medically necessary. The Official Disability Guidelines recommend for adhesive capsulitis and impingement syndrome. It is not recommended for osteoarthritis. The documentation was not evident that the injured worker had adhesive capsulitis, impingement syndrome, or osteoarthritis. As such, the request is not medically necessary.

Electrical muscle stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENs Page(s): 116.

Decision rationale: The request for electromuscular stimulation is not medically necessary. The California MTUS guidelines do not recommend a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality. A one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There is a lack of documentation indicating significant deficits upon physical exam. The efficacy of the injured workers previous courses of conservative care was not provided. It was unclear if the injured worker underwent an adequate TENS trial. The request is also unclear as to if the injured worker needed to rent or purchase the TENS unit. As such, the request is not medically necessary.

Work hardening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Fitness for Duty, Functional Capacity Evaluation

Decision rationale: The request for Work hardening is not medically necessary. The California MTUS/ACOEM state that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. There was a lack of objective findings upon physical examination demonstrating significant functional deficit. The documentation lack evidence of how a Functional Capacity Evaluation will aid the provider in an evolving treatment plan or goals. There is also lack of documentation of other treatments the injured worker underwent previous and the measurement of progress, as well as efficacy of the prior treatments. The documentation was evident that the injured worker completed 29 session of physical therapy, however the documentation was not provided within the documentation for review. The documentation states that the injured worker made a full return to work. As such, the request is not medically necessary.