MAXIMUS Federal Services

Case Number:	CM14-0162569		
Date Assigned:	10/07/2014	Date of Injury:	08/26/2013
Decision Date:	11/13/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a female patient with a date of injury of August 26, 2013. A utilization review determination to September 5, 2014 recommends non-certification of an interferential unit for a 30-60 day rental and/or purchase with supplies, and physical therapy to the right shoulder 3 times a week for 4 weeks. A progress note dated August 28, 2014 identifies subjective complaints of increasing right shoulder pain with physical therapy, limited range of motion, and a pain level of 6 on a scale from 1-10. Physical examination identifies upper arm and anterior tenderness to the right shoulder, and weakness with internal and external rotation of the shoulder. The diagnoses include rotator cuff syndrome and shoulder joint pain. The treatment plan recommends obtaining authorization for an additional 12 sessions of physical therapy to increase soft tissue mobility, decrease pain, and educate the patient on a home exercise program for self-management. Additionally, the treatment plan requests authorization for the patient to receive an interferential unit for 30-60 day rental and purchase its effectiveness for long-term care with supplies as needed to manage pain and reduce medication usage. An operative report dated April 8, 2014 identifies that the patient underwent a diagnostic and operative arthroscopy of the right shoulder with an acromioplasty, a Mumford procedure, a biceps tendon tenodesis as described by O'Brien, lysis of adhesions with subacromial bursectomy, partial synovectomy, removal of loose bodies with intra-articular injection, and manipulation under anesthesia of the right shoulder. A physical therapy progress note dated August 28, 2014 identifies shoulder pain and right shoulder stiffness. The patient received IF, EMS, and MSG. The treatment plan recommends continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) unit, thirty to sixty day rental and/or purchase, with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: Regarding the request for interferential unit (IF) 30-60 day rental and/or purchase with supplies, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then a one-month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is documentation that the patient has been receiving interferential unit therapy through physical therapy, but there is no documented objective functional improvement and there is no provision for modification of the current request to allow for a 30 day trial as recommended by guidelines. In light of the above issues, the currently requested interferential unit (IF) 30-60 day rental and/or purchase with supplies is not medically necessary.

Physical therapy to the right shoulder, three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy to the right shoulder 3 x week for 4 weeks, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of such documentation, the current

request for physical therapy to the right shoulder 3 x week for 4 weeks is not medically necessary.