

<b>Case Number:</b>	CM14-0095651		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 48-year-old female with a 2/26/13 date of injury, and right shoulder hemiarthroplasty on 10/11/13. At the time (5/19/14) of request for authorization for Physical Therapy #8 sessions, Transportation to and from medical appointments, and TENS unit, there is documentation of subjective (right shoulder pain and objective (tenderness over the right shoulder) findings, current diagnoses (status post right shoulder hemiarthroplasty), and treatment to date (medications and 30 previous physical therapy treatments). Medical report identifies that physical therapy diminished pain, improved range of motion, and improved tolerance to a variety of activity. Regarding Transportation, there is no documentation of disabilities preventing patients from self-transport. Regarding TENS unit, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy #8 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified) Page(s): 27.

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 10 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of status post right shoulder hemiarthroplasty and previous physical therapy treatments. In addition, given documentation that physical therapy diminishes pain, improves range of motion, and improves tolerance to a variety of activity, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of physical therapy treatment to date. However, there is documentation of 30 previous physical therapy treatments completed to date which exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy #8 sessions is not medically necessary.

**Transportation to and from medical appointments:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation.

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of disabilities preventing patients from self-transport as criteria necessary to support the medical necessity of Transportation. Within the medical information available for review, there is documentation of a diagnosis of status post right shoulder hemiarthroplasty on 10/11/13. However, there is no documentation of disabilities preventing patients from self-transport. Therefore, based on guidelines and a review of the evidence, the request for Transportation to and from medical appointments is not medically necessary.

**TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of a diagnosis of status post right shoulder hemiarthroplasty. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medications) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for TENS unit is not medically necessary.