

<b>Case Number:</b>	CM15-0011432		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	06/28/2010
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Orthopedic Surgery, Sports 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 57 year old male who reported injury on 06/28/2010. The mechanism of injury was cumulative trauma. There was a Request for Authorization submitted for review dated 01/20/2015. The injured worker was noted to undergo a C3-4 to C6-7 fusion on 02/05/2014. The documentation indicated the injured worker had undergone multiple sessions of physical therapy for the shoulder. The documentation of 10/08/2014 revealed the injured worker had right shoulder stabbing pain and limited range of motion. Upon physical examination, the injured worker had a tender AC joint with diminished and painful range of motion. The MRI arthrogram revealed status post decompression and biceps tenotomy, DCR. There was no acute tear. The diagnoses included bilateral shoulder impingement syndrome, bilateral shoulder pain, right shoulder A/S SAD, biceps tenotomy, DCR, status post cervical fusion 02/05/2014. The treatment plan included aquatic therapy for the right shoulder 2 to 3 times a week for 6 weeks. The subsequent documentation of 12/03/2014 revealed the same objective findings and revealed the same treatment recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Surgical physical therapy kinetic activities 2-3 times a week for 6 weeks for the cervical spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The California Postsurgical Treatment Guidelines for the neck and upper back recommend postsurgical treatment for a fusion for 24 visits. The clinical documentation submitted for review indicated the injured worker had undergone 8 sessions of therapy. There was a lack of documentation of objective functional benefit and remaining objective functional deficits to support the necessity for ongoing therapy. Given the above, the request for postsurgical physical therapy kinetic activities 2 to 3 times a week for 6 weeks for the cervical spine is not medically necessary.

**Aqua therapy for the right shoulder 2-3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 998-99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend aquatic therapy for injured workers who have a necessity for decreased weight bearing. Additionally, the treatment is up to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide documentation indicating objective functional benefit that was received from prior therapy. There was a lack of documentation of objective functional deficits. There was a lack of documentation indicating the injured worker had a necessity for reduced weight bearing. Given the above, the request for aquatic therapy for the right shoulder 2 to 3 times a week for 6 weeks is not medically necessary.

**TENS unit purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

**Decision rationale:** The California Medical Treatment & Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. There was a lack of documentation of a trial of a TENS unit and documentation of objective functional benefit and an objective decrease in pain with the

use of the unit. Given the above, the request for a TENS unit purchase is not medically necessary.