

Case Number:	CM15-0018363		
Date Assigned:	02/06/2015	Date of Injury:	04/07/2014
Decision Date:	03/25/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/30/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47 year old male, who sustained a work/ industrial injury on 4/7/14 during an altercation as a probation officer. He has reported symptoms of shoulder pain with overhead activities, lifting, pushing, and carrying. Prior medical history includes gunshot wound surgery, right leg surgery. The diagnoses have included sprain of the shoulder and upper arm and rotator cuff syndrome of the shoulder. Treatments to date included medication and physical therapy. A Magnetic Resonance Imaging (MRI) Arthrogram was deferred due to history of bullet in the spine. MRI of left shoulder noted exostosis visualized in the medial aspect of the proximal humerus, suspect partial undersurface tear involving the distal infraspinatus tendon at the footprint, involving less than 50% thickness of the fibers. Computed Tomography (CT) of the thoracic spine noted metallic bullet fragment at T11, at T11-12 there is mild to moderate broad based disc bulge/osteophytes complex, causing probable mild bilateral neural foraminal stenosis and mild central canal stenosis. Physical exam noted palpatory tenderness, 150 degrees of flexion, 140-150 degrees of abduction, positive impingement testing, speed testing, and abduction testing. On the physician's progress report of 12/17/14, tenderness with palpation over the subacromial acromioclavicular and supraspinatus regions. Impingement and cross arm tests were positive on the left and there was subacromial crepitus noted. Strength in the left shoulder was 4/5. A request was made for physical therapy and a home interferential unit for treatment. On 1/23/15, Utilization Review non-certified Physical therapy 2 x week x 4 weeks; Home interferential unit, noting the California Medical treatment Utilization Schedule (MTUS),

Chronic Pain Medical Treatment Guidelines: Physical Medicine, Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, twice a week for four weeks: Upheld

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

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

Decision rationale: Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. According to the documents available for review, the injured worker has previously undergone PT. The supporting documentation does not indicate number of previous sessions or objective functional improvement without which further sessions cannot be approved. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

Home Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Page(s): 114.

Decision rationale: According to the MTUS, TENS is not recommended as a primary treatment modality, but 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 for the conditions described below: a homebased treatment trial of one month may be appropriate for neuropathic pain and CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. According to the documents available for review, patient has none of the MTUS / recommended indications for the use of a TENS unit. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.