

Case Number:	CM15-0124061		
Date Assigned:	07/08/2015	Date of Injury:	04/24/2008
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 68-year-old male sustained an industrial injury on 4/24/08. He subsequently reported right upper extremity pain. Diagnoses include right shoulder adhesive capsulitis. Treatments to date include x-ray and MRI testing, right shoulder surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience right shoulder pain. Upon examination, there was tenderness noted in the right acromioclavicular and glenohumeral joint. Right shoulder range of motion is diminished. Strength is 4/5 in the right shoulder abduction and forward flexion. A request for Physical Therapy 2-3 times weekly right shoulder QTY: 8 and TENS Unit trial for 1 month, right shoulder was made by the treating physician. The medication list include aspirin, Metformin, Glipizide, Lisinopril, Atenolol and Simvastatin. The patient had received an unspecified number of the PT visits in past. Per the note dated 5/7/15 patient had complaints of pain in right wrist, shoulder and UE with numbness and tingling at 5-6/10. Physical examination of the right UE revealed limited ROM, tenderness on palpation, and 4/5 strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times weekly right shoulder QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, page 98.

Decision rationale: Physical Therapy 2-3 times weekly right shoulder QTY: 8. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefited with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical Therapy 2-3 times weekly right shoulder QTY: 8 is not fully established for this patient.

TENS Unit trial for 1 month, right shoulder: Upheld

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

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

Decision rationale: TENS Unit trial for 1 month, right shoulder. According the cited guidelines, electrical stimulation (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. While TENS may reflect the long-standing accepted standard of care within many medical communities, 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." Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." According the cited guidelines, Criteria for the use of TENS is: "There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short and Long term goals of treatment with the TENS unit should be submitted. "Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. The patient had received an unspecified number of the PT visits in past. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the

TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the request for TENS Unit trial for 1 month, right shoulder is not fully established for this patient.