

Case Number:	CM15-0173586		
Date Assigned:	09/15/2015	Date of Injury:	01/10/1997
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/02/2015

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, District of Columbia, Maryland
 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 71-year-old male, with a reported date of injury of 01-10-1997. The diagnoses include rotator cuff syndrome and bursitis, shoulder impingement, and bicipital tenosynovitis. Treatments and evaluation to date have included heat, ice, Biofreeze, Aspirin, and Prilosec. The diagnostic studies to date have included an MRI of the right shoulder on 07-28-2015 which showed marked cuff tendinopathy, with swelling and areas of diminished discrete fiber morphology, significant narrowing of the lateral aspect of the subacromial outlet, significant glenohumeral cartilage loss, and status post partial takedown of the acromioclavicular joint; and an MRI of the left shoulder on 07-22-2015 which showed marked narrowing of the lateral aspect of the subacromial outlet, down sloping spurred acromion process, and significant inflammation across the degenerated hypertrophied acromioclavicular joint. The visit note dated 07-14-2015 indicates that the injured worker complained of right shoulder pain. He described the pain as throbbing, and associated with tingling. The injured worker rated his pain 7 out of 10 at its worst in the past week; and at its best in the last week, the pain was rated 4 out of 10. On average throughout the past week, the injured worker rated his pain 7 out of 10. He has difficulty completing activity due to pain. The objective findings include no apparent distress; no crepitus noted in the joints; tenderness to palpation in the biceps tendon; trigger points palpated in the upper trapezius, lower trapezius, and splenius capitus bilaterally; forward flexion of the right shoulder at 170 degrees; positive Adson's test bilaterally; positive Hawkin's test bilaterally; positive Speed's test bilaterally; and mild weakness in the right shoulder with forward flexion. The treatment plan included a TENS unit to target muscle spasticity and to reduce

inflammation and physical therapy follow-up sessions to improve strength, flexibility, range of motion, and overall function endurance while relieving discomfort. The injured worker is retired. The treating physician requested physical therapy for the bilateral shoulders three times a week for six weeks and a TENS unit for the right shoulder. On 06-02-2015, the injured worker complained of a throbbing pain that had worsened in the right shoulder. The pain was rated 7 out of 10 and radiated across the top of his right clavicle, down the front of his chest down to the opposite left shoulder, down the mid portion of his back into the scapular region. At its worse, the pain was rated 7 out of 10. On 08-20-2015, Utilization Review (UR) modified the request for physical therapy for the bilateral shoulders three times a week for six weeks to six physical therapy session for the bilateral shoulders; and a TENS unit for the right shoulder to a one-month home base TENS unit trial for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the bilateral shoulders 3x6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines 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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Rotator cuff syndrome/ Impingement syndrome (ICD9 726.1; 726.12): Medical treatment: 10 visits over 8 weeks. Sprained shoulder; rotator cuff (ICD9 840; 840.4): Medical treatment: 10 visits over 8 weeks. Medical treatment, partial tear: 20 visits over 10 weeks. As the guidelines recommend a six- visit clinical trial to assess response, the request for 18 sessions is not medically necessary or appropriate.

TENS unit for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted for review does not contain evidence of a successful one-month TENS unit trial. Absent such, the request is not medically necessary.