

Case Number:	CM15-0038591		
Date Assigned:	03/09/2015	Date of Injury:	09/05/2011
Decision Date:	04/20/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 9/05/2011. The mechanism of injury was not noted. The diagnoses have included rotator cuff (capsule) sprain. Treatment to date has included surgical (9/15/2014 left shoulder arthroscopy, subacromial decompression, and distal clavicle resection) and conservative measures. Currently, the injured worker reported improved but persistent symptoms to the left shoulder/upper arm. He reported increased range of motion, but continued to have weakness, tightness, and pain with certain movement. Post-operative physical therapy notes were submitted, suggesting at least 35 visits. Exam of the left shoulder noted a healed incision with subacromial tenderness. Mild atrophy of the deltoid was noted and muscle strength was 4/5 in the supraspinatus and infraspinatus. Current medication list was documented as "none". Treatment plan included 12 additional physical therapy visits, a Body Blade exercise wand, and a platelet rich plasma injection to the left shoulder. On 2/19/2015, Utilization Review issued a decision regarding the requested treatment(s).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 28.

Decision rationale: This patient has a date of injury of 09/05/11 and status post left shoulder arthroscopy of subacromial decompression on 09/15/14. The current request is for PHYSICAL THERAPY X12. For arthroscopic shoulder surgery, the MTUS Postoperative Guidelines page 28 and 27 recommends 24 sessions over 14 weeks. The treating physician states that the patient has completed 12 post operative physical therapy sessions with improved range of motion "but continues to have persistent weakness, tightness, and pain with certain movements." The Utilization review states that "post operatively the claimant has been afforded 32 physical therapy treatments." The medical file provided for my review includes 21 physical therapy reports dating from 9/29/14 through 2/9/15. In this case, the patient has completed at least 21 physical therapy sessions post operatively with some residual weakness, pain and tightness. The request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, the treating physician does not discuss why the patient would not be able to transition into a self directed home exercise program to address any residual complaints. This request IS NOT medically necessary.

Exercise equipment: Body blade exercise wand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee and leg (acute and chronic) chapter, section exercise equipment & DME http://bodyblade.com/en/about_bodyblade.

Decision rationale: This patient has a date of injury of 09/05/11 and status post left shoulder arthroscopy of subacromial decompression on 09/15/14. The current request is for EXERCISE EQUIPMENT: BODY BLADE EXERCISE WAND. The ACOEM, MTUS and ODG guidelines do not specifically discuss this request. http://bodyblade.com/en/about_bodyblade states that "Bodyblade pioneered vibration and inertia training in 1991. With its patented design, it was created to address the deep dynamic stabilizers of the spine and to provide a stable platform for all other rehabilitation, sport performance training, fitness enhancement and personal training regimen, resulting in improved wellness, function and muscle definition." ODG Guidelines under the knee and leg (acute and chronic) chapter, section exercise equipment states that "exercise equipment is considered not primarily medical in nature. ODG Guidelines then refers to the durable medical equipment section under the knee and leg chapter which requires that the equipment must have a primary medical purpose. ODG Guidelines also does not consider one exercise superior to another. ODG Guidelines states that the term DME is defined as equipment which: 1. Can withstand repeated use, i.e., not normally be rented, and used by successive patients. 2. Is primarily and customarily used to serve a medical purpose. 3. Generally is not useful to a person in the absence of illness or injury. 4. Is appropriate for use in a patient's home. The requested equipment does not meet the ODG-TWC guideline definition of

durable medical equipment. It is not primarily used to serve a medical purpose and can benefit a person in the absence of illness or injury. This request IS NOT medically necessary.

Platelet rich plasma injection, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter on platelet-rich plasma.

Decision rationale: This patient has a date of injury of 09/05/11 and status post left shoulder arthroscopy of subacromial decompression on 09/15/14. The current request is PLATELET RICH PLASMA INJECTION, LEFT SHOULDER. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the shoulder chapter on platelet-rich plasma states, "Under study as a solo treatment. Recommended PRP augmentation as an option in conjunction with arthroscopic repair for large and massive rotator cuff tears. PRP looks promising, but it may not be ready for primetime as a solo treatment." The patient had shoulder surgery in 09/15/14 and the requested injection was made on 02/11/15. The treating physician states that the previously administered cortisone injections were not successful and recommended a PRP injection. ODG states that PRP injections may be an option when administered "in conjunction" with surgery. This request is 5 months following surgery. The request IS NOT medically necessary.