

Case Number:	CM13-0015827		
Date Assigned:	04/16/2014	Date of Injury:	05/29/2012
Decision Date:	06/30/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year-old male who was injured on May 29, 2012 when he slipped backwards landing on his buttock while pulling a heavy container. The patient underwent bilateral inguinal herniasurgery. Diagnostic studies reviewed include x-ray of the left shoulder dated August 3, 2013 reveals a normal study. Supplemental report dated August 12, 2013 indicates the patient complains of constant pain in his left shoulder traveling to his left arm, which he describes as dull, aching, sore, and unbearable. He rates his pain as 9/10. The patient has weakness and notes difficulty raising his left arm at or above the shoulder level. He complains of constant pain in his neck, which he describes as dull. He rates his pain as 8/10. The pain increases with moving his head. The patient describes his pain as being heavy. He has upper back pain, which he describes as sore, aching, and dull. He rates his pain as 8/10. He also has pain in his lower back, which he describes as sharp, and shooting, which he rates as an 8/10. His pain is tender, sharp, and penetrating in nature. He notes marked stiffness of the lower back and inability to bend or stoop due to low back pain, discomfort and stiffness. There is pain in his groin, which he describes as shooting rating this pain an 8/10. He continues to experience discomfort and complains of a shooting pain to his testicles. He has difficulty falling asleep due to pain, waking during the night due to pain, headaches, symptoms of anxiety due to pain or loss of work, and symptoms of depression due to pain or loss of work. The patient reports that as a result of this industrially related accident, he has difficulty with activities of daily living. On exam, he ambulates normally. There is nonspecific tenderness of the left shoulder. He has moderate tenderness at the supraspinatus and infraspinatus on the left. Impingement maneuver is positive on the left shoulder. Empty can test, supraspinatus resistance test, Speed's-bicipital tendonitis, apprehension test and Yergason's sign reveal pain on the left shoulder. Range of motion is decreased in the left shoulder in all planes. There is slight paraspinal tenderness bilaterally of the

cervical spine. Distraction test, Spurling's test, Foraminal compression test and shoulder depressor test reveal pain on both sides. Range of motion of the cervical spine is decreased in all planes. The thoracic spine has moderate paraspinal tenderness. Thoracic range of motion is decreased in all planes. The patient is diagnosed with 1) Sprain of unspecified site of left shoulder and upper arm 2) Cervical sprain 3) Thoracic sprain 4) Lumbar sprain 5) Groin pain 6) Anxiety 7) Sleep disturbance and 8) Inguinal hernia. The treatment and plan includes a request for mechanical traction therapy two times per week for three weeks; electrical stimulation (unattended) therapy two times per week for three weeks; diathermy therapy two times per week for 3 weeks; myofascial release/soft tissue therapy two times a week for three weeks; and chiropractic manipulative therapy two times per week for three weeks. The patient is prescribed a transcutaneous electrical nerve stimulation unit; MRI of the cervical and lumbar spine and the patient should have a general surgeon evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY TO INCLUDE MECHANICAL TRACTION, ELECTRICAL STIMULATION, MYOFASCIAL RELEASE OF SOFT TISSUE AND CHIROPRACTIC MANIPULATIVE THERAPY 2 TIMES 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM,173

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION, 58-60

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Time to produce effect is four to six treatments. The patient is a 64-year-old with chronic pain involving multiple body parts. The primary source of the patient's pain is the left shoulder. According to the notes, the patient has had chiropractic care in the past. However, there is no documentation of significant functional benefit or pain reduction. The patient continues to complain of severe pain and dysfunction. The request for chiropractic therapy to include mechanical traction, electrical stimulation, myofascial release of soft tissue and chiropractic manipulative therapy, twice weekly for three weeks, is not medically necessary or appropriate.

DURABLE MEDICAL EQUIPMENT PURCHASE OF TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTROTHERAPY, 114-118

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Transcutaneous Electrical Nerve 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. Depending on the type of pain, the guidelines recommend this method of treatment for the following diagnoses; "Neuropathic pain including diabetic nephropathy, Phantom limb pain and CRPS II, Spasticity or Multiple sclerosis". Medical records do not establish any of the above diagnoses for this patient other than mild bilateral carpal tunnel syndrome by EMG (electromyography)/NCS (nerve conduction study). Radiculopathy is not established by history, examination, and diagnostics. Short and long-term goals for TENS unit use are not documented. The request for the purchase of a TENS unit is not medically necessary or appropriate.