

<b>Case Number:</b>	CM13-0029445		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 49 year old female who was injured on April 18, 2012. Her left foot was caught on the edge of a metal rack causing her to fall on her right side of her body. Her diagnoses include right shoulder tendinitis/Impingement syndrome, Lumbar (L)/Sacral (S) sprain/strain; and clinical bilateral lower extremities radiculopathy. Prior treatment history has included medications and acupuncture treatment. Diagnostic studies reviewed include electromyography/nerve conduction velocity dated July 24, 2013 revealed evidence of a mild bilateral carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory and motor components. An MRI of the lumbar spine obtained on March 15, 2013 revealed mild posterior disc height reduction on L3-L4; a 3 mm broad based posterior disc protrusion at L4-L5 with moderate disc space height reduction, disc desiccation, mild bilateral lateral recess stenosis, severe right and moderate left facet joint arthropathy, subcortical trabecular stress reaction/bone contusion of the right facet joint of L4 and mild spinal canal stenosis; a 4 mm of degenerative anterolisthesis of L5 on S1 with moderate facet joint arthropathy, moderate disc space height reduction, and disc desiccation. An MRI of the right shoulder obtained on September 4, 2012 demonstrated oblique curvilinear tear of 4 mm in thickness to the distal supraspinatus tendon with mild to moderate distal supraspinatus tendinosis; findings consistent with mild bursitis; mild concavity and lateral downsloping of the distal acromion process with anatomic predisposition for rotator cuff impingement with non-displaced ossification center of the distal acromion process with non-union compatible with an os acromial. primary treating physician's progress report (PR2) dated July 3, 2013 stated the patient presented with complaints of right shoulder pain with numbness and low back pain. Objective findings on exam revealed spasticity; straight leg raise remained positive, with decreased range of motion; impingement sign remained positive.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **URGENT PURCHASE OF DVT MAX / PNEUMATIC COMPRESSION WRAPS ARCSLING.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Vasopneumatic devices (wound healing).

**Decision rationale:** According to the ODG, Vasopneumatic devices (wound healing) is recommended as an option to reduce edema after acute injury. Vasopneumatic devices apply pressure by special equipment to reduce swelling. They may be considered necessary to reduce edema after acute injury. The medical records document in the PR2 dated July 3, 2013, that the patient had complained of right shoulder pain with numbness, and low back pain, objective findings were spasticity, straight leg raise test was positive, there was a decrease of range of motion, and impingement sign was positive. In the absence of documented obvious indication for using of this device, and the absence of any history of recent acute injury, the request is not medically necessary.

### **URGENT PURCHASE OF A-STIM UNIT AND SUPPLIES .:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** According to California MTUS guidelines, ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The medical records document in the PR2 dated July 3, 2013, that the patient had complained of right shoulder pain with numbness, and low back pain, objective findings were spasticity, straight leg raise test was positive, there was a decrease of range of motion, and impingement sign was positive. In the absence of documented plan of work return and exercises to use it in conjunction with ICS, the request is not medically necessary.

### **HOT AND COLD THERAPY SYSTEM 60 DAYS RENTAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous-flow cryotherapy, Shoulder.

**Decision rationale:** According to the ODG, Continuous-flow cryotherapy is recommended as an option of treatment after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated.. The medical records document in the PR2 dated July 3, 2013, that the patient had complained of right shoulder pain with numbness, and low back pain, objective findings were spasticity, straight leg raise test was positive , there was a decrease of range of motion, and impingement sign was positive. In the absence of documented recent surgical intervention, medical necessity for the requested item has not been established. The requested item is not medically necessary.