

Case Number:	CM13-0050602		
Date Assigned:	12/27/2013	Date of Injury:	06/09/2011
Decision Date:	03/21/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 44 year old male who reported a work-related injury on 1/3/13. The patient squeezed a bolt cutter, and felt a pop in his left shoulder followed by burning and sharp pain. Per the clinical notes dated 1/8/13, the patient reported intermittent dull aching, burning, and sharp pain on his left shoulder which is aggravated by reaching, moving the left arm backwards, and lifting his left upper extremity above shoulder level. The physician recommended an MRI and EMG/NCV study of the bilateral upper extremities. Diagnoses included left shoulder impingement syndrome with partial rotator cuff tear. The patient is noted to have weakness in his left shoulder upon exam in the 3/26/13 clinical notes. The clinical note dated 9/17/13 noted that the left shoulder exam was unchanged with tenderness at the sub-acromial space and acromioclavicular joint, as well as pain with terminal motion and residual weakness. The recommendation was for a Stim 4 muscle stimulator for generalized pain relief with oral medications. The clinical note noted that the patient would continue with physical therapy, which has helped. The medications listed on the clinical note dated 9/21/13 are Naproxen 550mg, Cyclobenzaprine Hydrochloride 7.5 mg, Omeprazole delayed released 20mg, and Tramadol Hydrochloride ER 150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Stim 4 muscle stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116.

Decision rationale: The patient has a history of pain the left shoulder. There were signs of conservative care as well as listed medications in the records provided for review. The California MTUS guidelines recommend a one-month trial of a TENS unit, but before the trial begins, at least three months of pain with evidence of the failure of other pain modalities must be documented. The clinical documented submitted listed 9 months of documented pain, a list of medications, and physical therapy with some noted progress on improvement. However, the request for purchase exceeds guidelines recommendations for initial care, namely the one-month trial period. Therefore, the request is non-certified.