

Case Number:	CM13-0053909		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2013
Decision Date:	04/03/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 54 year old male with a date of injury of 01/27/2013. The listed diagnoses per [REDACTED] dated 10/01/2013 are: (1) Left shoulder strain/sprain, positive MRI for tendonitis, impingement, labral tear, status post injection x1 with temporary relief, (2) Left elbow strain/sprain, rule out lateral/medial epicondylitis - cubital tunnel syndrome, (3) Left wrist strain/sprain, rule out internal derangement, (4) Left hand strain/sprain, rule out tendonitis - carpal tunnel syndrome, (5) Hypertension, (6) Diabetes mellitus, (7) Symptoms of anxiety and depression. According to a report dated 10/01/2013 by [REDACTED], the patient presents with left shoulder, right elbow, right wrist, and right hand complaints. The left shoulder pain is noted to increase with repetitive motion and heavy lifting above the shoulder level. Right elbow pain was reported as constant and increased with any kind of flexion or extension. Left wrist pain was noted to increase with the use of hand for turning, twisting, firming, gripping, grasping, and pushing. Right hand pain was noted to increase with the use of hand for turning, twisting, firming, gripping, and grasping. Physical examination of the cervical spine revealed decreased lordosis. Palpation of the cervical spine reveals tightness, spasm, muscle guarding at trapezius, sternocleidomastoid, and strap muscles. Examination of the shoulder showed decreased range of motion on all planes on the left side. There was tenderness of greater tuberosity with some subacromial grinding and clicking on the left side. Examination of the elbows showed decreased range of motion on all planes on the left with positive Tinel's, cubital tunnel on the left. Muscle strength was noted as 3/5 with tenderness of the medial and lateral epicondyle of the left elbow. Treater is requesting authorization for left shoulder arthroscopic surgery, subacromial decompression, labral/cuff repair due to positive MRI findings. Treater also request postoperative treatment including sling with abduction pillow, TENS unit for 60 days, and

hot/cold contrast unit. This review is for the sling, TENS unit, and hot/cold contrast unit. The medical records provided for review do not indicate if the patient has been approved for the requested shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sling with abduction pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009: Shoulder Complaints. Occupational Medicine Practice Guidelines, 2nd Ed (2009 Revision) pp. 561-563, and the ODG Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This patient presents with continued left shoulder pain. The treater is requesting a sling with abduction pillow stating "wearing the sling after surgery will prevent postoperative internal rotation contractions." The MTUS Guidelines do not discuss slings with abduction pillows. However, the Official Disability Guidelines under postoperative abduction pillow sling states "recommended as an option following open repair of large and massive rotator cuff tears." In this case, a review of medical records dated 04/05/2013 to 10/01/2013 does not indicate that this patient has been approved for left shoulder surgery. Furthermore, the requested surgery is for an arthroscopic surgery and not an open surgery. Abduction shoulder slings are not indicated unless an open shoulder surgery is undertaken for rotator cuff repair. The request is not medically necessary and appropriate.

TENS Unit 60 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009: Shoulder Complaints. Occupational Medicine Practice Guidelines, 2nd Ed (2009 Revision) pp. 555-556, and the ODG Shoulder

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

Decision rationale: This patient presents with shoulder, wrist, and hand pain. The treater is requesting a trial of TENS unit for 60 days "for home use and pain relief purpose." The treater states "TENS unit should be used for 30 minutes 3 times a day for 60 days to help control pain and inflammation and increase circulation." Per the MTUS Chronic Pain Guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, and phantom limb pain and multiple sclerosis. In this case, this patient does not present with any of the diagnoses that the MTUS Chronic Pain Guidelines allow

for a trial of a TENS unit. Furthermore, when TENS unit is indicated, a trial of 30 days is recommended. The requested 60 days exceeds what is recommended by the MTUS Chronic Pain Guidelines. The request for a TENS Unit 60 days is not medically necessary and appropriate.

Hot and cold contrast unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009: Shoulder Complaints. Occupational Medicine Practice Guidelines, 2nd Ed (2009 Revision) pp. 561-563, and the ODG Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines has the following regarding continuous-flow cryotherapy "recommended as an option after surgery but not for non-surgical treatment. Postoperative use generally may be up to 7 days including home use." In this case, the medical records provided for review do not indicate that this patient has yet been authorized surgery of the left shoulder. Furthermore, the Official Disability Guidelines support this for only 7 days. The request does not specify the duration of treatment. The request for a hot and cold contrast unit is not medically necessary and appropriate.