

Case Number:	CM13-0059502		
Date Assigned:	03/03/2014	Date of Injury:	08/20/2012
Decision Date:	05/27/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation 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 34-year-old female with a date of injury of 08/20/2012. The listed diagnoses per [REDACTED] are deltoid ligament ankle sprain; shoulder/upper arm strain, and acromioclavicular joint ligament sprain. According to report dated 07/30/2013 by [REDACTED], the patient is status post SLAP repair and AC joint resection on 02/11/2013. The patient had some flare-ups and was treated with an injection on 07/18/2013. The patient currently is participating in physical therapy. Examination of the shoulder revealed that forward flexion is almost 160 degrees, capsular abduction is 90 degrees, abduction ER is 75 degrees, abducted IR is 40, and IRB is now up to T12 and T11 range.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT & COLD WRAP FOR SHOULDER: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES- CRYOTHERAPY.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): 300.

Decision rationale: The guidelines do not specifically discuss hot/cold wraps for the shoulder. The ACOEM Guidelines state that at-home local applications of heat or cold are as effective as those performed by therapists. The Official Disability Guidelines recommend cold packs and heat pads for low back and neck pain. The Official Disability Guidelines do not address this type of application for the shoulder. Given that the guidelines state that cold/heat application is effective and the patient's chronic pain as well as recent surgery, the request is medically supported. Therefore, the requested hot and cold wrap for the shoulder is medically necessary and appropriate.

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114, 114-116, 116, 116-117.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, TENS units have not 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 scoliosis. In this case, the patient does not present with any of the diagnoses that the MTUS guidelines allow for a TENS unit. Furthermore, the treating physician does not specify the duration of use. Therefore, the requested TENS unit is not medically necessary and appropriate.