

Case Number:	CM13-0064253		
Date Assigned:	03/03/2014	Date of Injury:	02/19/2013
Decision Date:	05/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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:

Medical records from 2013 through 2014 were reviewed showing the patient complaining of left shoulder pain and neck pain due to a slip and fall. On examination, there was noted guarding of the cervical spine range of motion. Active flexion of the left shoulder was limited. Left shoulder flexion motor strength was 3/5. Active abduction of the left shoulder was limited. Left shoulder abduction motor strength was 3/5. There was noted tenderness over the anterior biceps tendon of the left shoulder and AC joint. Neurological exam for the left upper extremity was normal. Radiographs demonstrated degenerative ulcer arthritis of the AC joint of the left shoulder as well as rotator cuff impingement of the left shoulder. Electrodiagnostic from July 2013 demonstrated severe bilateral carpal tunnel syndrome. Utilization review from December 3, 2013 denied the request for TENS unit due to no failure of conservative care. The requests for left shoulder arthroscopy with possible debridement and biceps tendon release were also denied. Reasons for were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY TRIAL OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT BETWEEN 11/27/13 AND 1/11/14: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: As stated on pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as the primary treatment modality but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration given that conservative treatment methods have failed and that a specific treatment plan with short and long term goals has been established. In this case, the patient has been using a TENS unit. However, the documentation did not indicate the exact functional gains of the patient due to the use of the TENS unit. Treatment goals were not highlighted for the TENS unit. It is unclear whether the patient has exhausted all conservative treatment measures. Therefore, the request for a TENS unit is not medically necessary.

1 LEFT SHOULDER ARTHROSCOPY WITH POSSIBLE DEBRIDEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The Expert Reviewer's decision rationale: As stated in pages 209-210 of the California MTUS ACOEM Shoulder Complaints Chapter, subacromial decompression may be considered reasonable and necessary if there is activity limitation for more than 4 months, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical repair. In this case, the patient complains of persistent left shoulder pain. Physical exam demonstrated limitation in range of motion of the left shoulder. However, the conservative treatment history of the patient is relatively unclear. In addition, the documentation did not provide an official imaging report for the left shoulder demonstrate a surgical lesion. Therefore, the request for 1 left shoulder arthroscopy with possible debridement is not medically necessary.

TOM GLENOID LABRUM BICEPS TENDON RELEASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The Expert Reviewer's decision rationale: As stated in pages 209-210 of the California MTUS ACOEM Shoulder Complaints Chapter, ruptures of the proximal (long head)

of the biceps tendon are usually due to degenerative changes in the tendon. It can almost always be managed conservatively because there is no accompanying functional disability. Surgery may be desired for cosmetic reasons, but is not necessary for function. In this case, the patient complains of persistent left shoulder pain. Physical exam demonstrated limitation in range of motion of the left shoulder. However, the conservative treatment history of the patient is relatively unclear. In addition, the documentation did not provide an official imaging report for the left shoulder demonstrate a surgical lesion. Therefore, the request for torn glenoid labrum biceps tendon release is not medically necessary.

30 DAYS TRIAL OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION

UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The Expert Reviewer's decision rationale: As stated on pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as the primary treatment modality but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration given that conservative treatment methods have failed and that a specific treatment plan with short and long term goals has been established. In this case, the patient has been using a TENS unit. However, the documentation did not indicate the exact functional gains of the patient due to the use of the TENS unit. Treatment goals were not highlighted for the TENS unit. It is unclear whether the patient has exhausted all conservative treatment measures. Therefore, the request for a TENS unit is not medically necessary.