

Case Number:	CM13-0064285		
Date Assigned:	01/03/2014	Date of Injury:	06/18/2013
Decision Date:	05/08/2014	UR Denial Date:	11/27/2013
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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 39-year-old male who sustained cumulative injuries to his neck and right shoulder with subsequent headache development from Nov 19, 2012 to July 9, 2013 due to his work as a forklift operator. His right shoulder was the predominate issue that worsened in conjunction with the length of his employment. Per the initial comprehensive report for a new treating physician dated 7/24/13, during the course of treatment from November 2012 through July 2013, the patient had no improvement in his right shoulder pain following two sessions of physical therapy. He was given anti-inflammatory medications, but did not take them. Aside from the shoulder complaint, the patient reported pain on the right side of the cervical spine without radiation. The patient reports constant moderate to severe aching, stiffness, and both dull and sharp pain in the right shoulder that radiates to the right side of the neck and to the shoulder blade. Pain worsened upon pushing, pulling, reaching, and overhead activities, excessive use of right upper extremity, or lying on the affected side with his pain ranging from 2/10 to 9/10. There is reported frequent popping in the shoulder with extension, weakness of the right shoulder and arm with occasional numbness in the right forearm, middle and ring fingers. On physical exam, the patient has tenderness with deep palpation about the cervical spine at C7-T1, upper trapezius, and scapular muscles on the right. Cervical compression and Spurling's tests are negative. He has greater than normal cervical range of motion. His shoulder exam is negative for tenderness upon palpation throughout the shoulder girdle, noted reduced range of motion in all planes of motion and negative shoulder instability, impingement or other reported provocative testing. However, his range of motion is reduced in all places, particularly in abduction, flexion, and extension by 25-50%. Up to that point, he had physical therapy for 2 of 3 visits, anti-inflammatory medication, and single chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAYS RENTAL OF A MOIST HEATING PACK: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 181-183, 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Chronic Pain Medical Treatment, Occupational Medicine Practice Guidelines, and the Official Disability Guidelines were reviewed, but there was no reference to the use of moist heating packs for the treatment of shoulder conditions. However, it is common medical practice to utilize ice for a couple of days, and then follow the treatment with moist heat. A moist heating pack may be beneficial for this patient. As such, the request is certified.

30 DAYS RENTAL OF A HOME INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: Interferential current stimulation (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 randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The patient has not exhausted conservative management, nor has he had a complete physical therapy course of treatment. The request for a home interferential unit is not medically necessary until such time that the patient has had the benefit of a comprehensive, multi-specialty approach to the management of his right shoulder issue. The request is noncertified.