

<b>Case Number:</b>	CM13-0064294		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

The patient is a 63-year-old female who was injured on 04/03/2013. The mechanism of injury is unknown. Prior treatment history has included physical therapy. Urine drug screen performed on 11/04/2013 detected Cyclobenzaprine, which was a prescribed medication, and marijuana, which was not prescribed. Diagnostic studies reviewed include MRI of the right shoulder without contrast dated 05/10/2013 demonstrated laterally down sloping acromion with mild to moderate Final Determination Letter for IMR Case Number CM13-0064294 3 AC joint degenerative change was seen, mild subacromial/subdeltoid bursitis, mild supraspinatus tendinitis with oblique linear tear was seen in the middle 1/3 which may represent a full-thickness tear; a 5 mm retraction of the musculotendinous junction was seen without definite muscle atrophy noted, mild infraspinatus tendonitis, globular intermediate signal in the superior labrum suggesting mild degenerative type tear; mild early osteoarthritic changes were seen at the glenohumeral joint and the long head of the biceps tendon was not clearly seen. There did not appear to be inflammatory changes along its anticipated course. PR2 dated 11/04/2013 indicated the patient complained of frequent low back pain rated as 10/10; constant shoulder pain rated as 5/10. She continued physical therapy and reported her pain was overall better and she was having fewer headaches. The patient stated she had not been offered a modified duty position. Objective findings on exam revealed cervical range of motion: flexion to 45, extension to 50, RR to 55, LR to 70, LF to 35. Right shoulder range of motion: forward flexion to 160, extension to 20, abduction to 160, adduction to 40, IR to 70, ER to 70, Lumbar range of motion revealed flexion to 50, extension to 15, Right lateral flexion to 15, Left lateral flexion to 15, Right ankle range of motion revealed dorsiflexion to 20, plantar flexion to 35, inversion to 30 and eversion to 20. The patient was diagnosed with neck sprain/strain; brachial neuritis or radiculitis; lumbar sprain/strain; and right rotator cuff syndrome. The patient was prescribed Terocin, Flurbi, and Gabacyclostram. The

patient was provided with a prescription for Terocin pain patch. The patient was being evaluated for medication management and/or ongoing medication therapy. Based on the assessment of this patient's response to treatments, there was a good prognosis for achieving the patient's previously identified functional goals. The patient reported a reduction in symptoms and improvement in function of more than 50% since initiating therapy. Achieving the patient's goals with continued therapy was expected. There was a good prognosis for achieving the patient's previously identified functional goals.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ESWT TO CERVICAL, LUMBAR AND RIGHT SHOULDER (SHOCK-WAVE THERAPY): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Extracorporeal Shock Wave Therapy for Orthopedic Conditions

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal Shock Wave Therapy (ESWT)

**Decision rationale:** The California MTUS and Official Disability Guidelines do not give recommendations regarding shockwave therapy to the cervical or lumbar spine. There is no clinical evidence to support the application of ESWT to the spine. According to the Official Disability Guidelines, ESWT is recommended for calcifying tendinitis but not for other shoulder disorders. An MRI of the right shoulder without contrast was performed on 05/10/2013, which did not reveal calcific tendonitis. The request for ESWT is not supported by the medical records and is not recommended under the guidelines. The medical necessity of ESWT to the cervical, lumbar and right shoulder is not established.

#### **TENS UNIT AND SUPPLIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-115.

**Decision rationale:** According to the California MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the following conditions: neuropathic pain, phantom limb pain and CRPS II, spasticity, and multiple sclerosis. The medical records do not demonstrate the patient has any of these conditions. Furthermore, the medical records do not establish this patient has failed standard

interventions. According to the guidelines, a TENS is not recommended for this patient. The medical necessity of a TENS unit and supplies has not been established.