

Case Number:	CM13-0072377		
Date Assigned:	01/08/2014	Date of Injury:	07/25/2007
Decision Date:	04/28/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 Illinois. 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 68-year-old female who reported an injury on 07/25/2007. The mechanism of injury was not stated. The patient is diagnosed with rotator cuff tear and shoulder sprain/strain. The patient was seen by [REDACTED] on 11/13/2013. The patient reported right shoulder pain. Physical examination revealed painful range of motion of the shoulder. Treatment recommendations included a Multistim unit, a hot and cold therapy unit, a urine toxicology screen, and an orthopedic surgeon consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTI-STIM UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality but a 1 month trial may be considered as a noninvasive conservative option. As per the documentation submitted, the patient's physical examination only revealed painful range of motion. There was no evidence of a significant musculoskeletal or neurological deficit. There is no evidence of a successful 1 month trial with a

multistimulator unit prior to the request for a purchase. The request for a Multi-stim unit is not medically necessary and appropriate.

HOT/COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physical modalities are not supported by high quality medical studies, but may be useful in the initial conservative treatment of acute shoulder symptoms. Patient's at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by therapists. The patient's physical examination on the requesting date did not reveal significant musculoskeletal or neurological deficit. There is also no mention of a contraindication to at-home local applications of heat or cold as recommended by California MTUS/ACOEM Practice Guidelines. The request for a Hot/Cold therapy unit is not medically necessary and appropriate.

URINE TOXICOLOGY SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 6 years ago to date, and there is no indication of noncompliance or misuse of medication. There is no indication that this patient falls under a high-risk category that would require frequent monitoring. The request for a urine toxicology screen is not medically necessary and appropriate.