

<b>Case Number:</b>	CM14-0002053		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	03/17/2013
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 25-year-old female who has submitted a claim for degeneration of cervical intervertebral disc, bilateral shoulder trapezius strain with mild left shoulder impingement associated with an industrial injury date of March 17, 2013. Medical records from 2013-2014 were reviewed, the latest of which dated January 6, 2014 revealed that the patient complains of bilateral shoulder deep pain, limited motion and weakness. She also complained of headaches. An examination of the bilateral shoulders revealed no swelling. There is increased tenderness over the trapezius and periscapular and postscapular muscles, with left greater than the right. Impingement test was positive on the left. Range of motion of the left shoulder was limited with flexion to approximately 112 degrees, extension to approximately 50 degrees; range of motion of bilateral shoulder was limited with abduction to approximately 128 degrees, adduction to approximately 44 degrees, internal rotation to approximately 80 degrees, and external rotation to approximately 83 degrees. MRI of the cervical spine done last July 8, 2013 revealed normal results. EMG/NCV of the bilateral upper extremities was done last July 27, 2013 revealed normal results. The treatment to date has included chiropractic therapy, physical therapy, acupuncture, and medications which include ibuprofen, Tylenol, Anaprox and Zanaflex. The utilization review from December 11, 2013 denied the request for DME: home electrical muscle stimulation unit, H-Wave for pain control because there was no discussion regarding prior use of electrical muscle stimulator unit as an adjunct to a program evidence-based functional restoration with sustained objective and functional gains as well as decrease in medication intake. There was insufficient evidence of failure of prior conservative care including physical therapy and medications, plus transcutaneous electric nerve stimulation that allows for consideration of H-wave unit trial. The request for diagnostic ultrasound of the bilateral shoulders was likewise

denied because the patient's response to the recently approved skilled intervention is necessary to determine the need for diagnostic ultrasound.

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

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

#### **DME: HOME ELECTRICAL MUSCLE STIMULATION UNIT, H-WAVE FOR PAIN CONTROL: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117-118.

**Decision rationale:** As stated on page 117-118 of the California MTUS Chronic Pain Medical Treatment Guidelines, a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, the patient has a history of use of conservative care like physical therapy, chiropractic therapy, acupuncture and medications. There is no evidence of analgesia or functional improvement with these treatments. In the most recent clinical evaluation, there are subjective and objective findings that warrant further treatment with H-wave stimulation. However, the duration of use of H-wave was not provided in the request. It is likewise unclear if the device is for rental or purchase. Therefore, the request for DME: home electrical muscle stimulation unit, H-wave for pain control is not medically necessary.

#### **DIAGNOSTIC ULTRASOUND OF THE BILATERAL SHOULDERS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 557-559, 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Ultrasound, diagnostic

**Decision rationale:** As stated on pages 557-563 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, in most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. However, ultrasonography for evaluation of rotator cuff is not recommended per California MTUS. In addition, Official Disability Guidelines states that ultrasound of the shoulder in clinical examination can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. In this case, the diagnostic ultrasound of the bilateral shoulders was requested for chronic bilateral shoulder pain.

The patient has a history of use of conservative care like physical therapy, chiropractic therapy, acupuncture and medications. The most recent clinical evaluation does not document subjective and objective findings that would suggest new onset shoulder pathology. The medical necessity for further investigation with ultrasound was not established; therefore, the request for diagnostic ultrasound of the bilateral shoulders is not medically necessary.