

Case Number:	CM14-0003467		
Date Assigned:	01/31/2014	Date of Injury:	07/29/2011
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 Orthopedic Surgery, 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 an employee of [REDACTED] and has submitted a claim for bilateral shoulder pain associated with an industrial injury date of July 29, 2011. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, and cortisone injections to bilateral shoulders and the left elbow, extracorporeal shockwave therapy, and left shoulder arthroscopy with subacromial decompression, debridement, and Mumford procedure (November 13, 2013). Medical records from 2011 through 2013 were reviewed, which showed that the patient complained of bilateral shoulder pain. On physical examination, there was tenderness of both shoulders, left greater than the right. Range of motion was restricted bilaterally. Impingement sign was positive bilaterally. The rest of the musculoskeletal exam findings were unreadable due to illegible handwriting. Utilization review from December 19, 2013 denied the request for Combo Care 4 and supplies purchase because there was insufficient information provided to associate or establish the medical necessity or rationale for the requested device.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMBO CARE 4 AND SUPPLIES PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: According to pages 114-121 of the CA MTUS Chronic Pain Medical Treatment Guidelines, electrotherapy is another modality that can be used in the treatment of pain. In this case, Combo Care 4 was requested, which is an electrotherapy unit that incorporates interferential current stimulation (ICS) , transcutaneous electrical nerve stimulation (TENS), neuromuscular electrical stimulation (NMES) and syncopation therapies into one unit. Guidelines state that TENS and ICS may be considered if used as an adjunct to recommended treatments, while NMES is not supported for chronic pain. The medical records provided for review did not include progress notes dated past the patient's left shoulder arthroscopy procedure; hence, the current functional status of the patient is unknown. There was also no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a single modality. Therefore, the request for Combo Care 4 and Supplies Purchase is not medically necessary.