

Case Number:	CM14-0007131		
Date Assigned:	02/07/2014	Date of Injury:	05/18/2013
Decision Date:	07/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/18/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 35-year-old female who reported an injury on 05/18/2013. The mechanism of injury was not stated. The current diagnosis is pain in a joint involving the shoulder region. The injured worker was evaluated on 12/13/2013. Previous conservative treatment includes cortisone injections into bilateral shoulders. Physical examination revealed full range of motion of bilateral shoulders, negative tenderness to palpation, equivocal Hawkins sign, tenderness over the bicipital tendon, and 5/5 motor strength. Treatment recommendations at that time included continuation of current medication and TENS therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. There is no evidence of palpable muscle spasm

or spasticity upon physical examination. There is also no strength, frequency or quantity listed in the current request. Therefore, the request is non-certified.

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. As per the documentation submitted, there is no evidence of chronic intractable pain, nor evidence of a failure to respond to other appropriate pain modalities. There is also no documentation of a successful 1-month trial with the TENS unit prior to the request for a unit purchase. Based on the clinical information received, the request is non-certified.