

<b>Case Number:</b>	CM14-0009065		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	11/30/2001
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 63 year old female who sustained injuries to her neck and right shoulder on 01/30/01 due to her usual and customary duties as working with students with mental disabilities. An MRI of the right shoulder dated 08/04/04 revealed presence of impingement associated with moderate arthrosis of the acromioclavicular joint with type 1 acromion; no rotator cuff tear; anterior rotator interval capsulitis and sprain; fluid in the subscapularis bursa. MRI of the cervical spine dated 04/24/06 reportedly revealed presence of exaggeration of the usual cervical lordosis; flattening of C4, C5, and C6 vertebral bodies; no definite acute fractures, no injuries or intrinsic abnormality of the cervical cord. Physical examination of the cervical spine revealed tenderness in the cervical/upper trapezial musculature with spasms; axial loading, compression test, and Spurling's maneuver positive; painful and restricted cervical range of motion; dysesthesia in the C6-7 dermatomes; weakness of the right upper extremity. Physical examination of the right shoulder revealed tenderness at the right shoulder anteriorly; positive Hawkins' and impingement signs; pain with terminal motion with limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic ultrasounf of the right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Ultrasound, diagnostic.

**Decision rationale:** The request for diagnostic ultrasound of the right shoulder is not medically necessary. There was no indication that plain radiographs were obtained prior to the request for diagnostic ultrasound. MRI of the right shoulder did not reveal any significant pathology associated with a partial or full thickness tear. Given this, the request for diagnostic ultrasound of the right shoulder is not indicated as medically necessary.

**MRI of the cervical spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The request for an MRI of the cervical spine is not medically necessary. The previous request was denied on the basis that the requested information regarding prior imaging of the cervical spine was not provided; therefore, the request could not be deemed medically appropriate. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support reversing the previous determination. Given this, the request for an MRI of the cervical spine is not indicated as medically necessary.

**Tens unit:** 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 TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The request for a transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary. The previous request was denied on the basis that the requested additional information that was reasonably necessary in order to render a decision was not provided prior to case submission; therefore, the request for a TENS unit could not be deemed as medically appropriate. The Chronic Pain Medical Treatment Guidelines state that while TENS may reflect a long standing and accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of TENS units have found that evidence is lacking concerning effectiveness. Given this, the request for a TENS unit is not indicated as medically necessary.

