MAXIMUS Federal Services

Case Number:	CM14-0110480		
Date Assigned:	08/01/2014	Date of Injury:	07/12/2011
Decision Date:	10/16/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 46-year-old who reported an injury July 12, 2011 to her right elbow and shoulder. No information was submitted regarding the initial injury. A clinical note dated July 14, 2014 indicated the injured worker presenting with findings consistent with both medial and lateral epicondylitis at the right elbow. The injured worker rated ongoing pain 8/10. The injured worker utilized Ibuprofen and Cyclobenzaprine for pain relief. A clinical note dated March 27, 2012 indicated the injured worker recommended for rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the right shoulder, twice weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker underwent surgical intervention at the right shoulder. Trial of acupuncture is indicated for injured workers including three course sessions prior to additional treatment sessions being approved. No information was submitted regarding previous trial of acupuncture specifically addressing the right shoulder. Given this, the request for

acupuncture to the right shoulder, twice weekly for three weeks is not medically necessary or appropriate.

Extracorporeal shock wave therapy to the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 598.

Decision rationale: Extracorporeal shockwave therapy is indicated for injured workers with calcifying tendinitis. No information was submitted regarding confirmation of calcifying tendinitis or completion of a six month course of standard therapeutic interventions. Therefore, the request for extracorporeal shock wave therapy to the right shoulder is not medically necessary or appropriate.

Magnetic resonance arthrogram (MRA) to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-8..

Decision rationale: The injured worker previously underwent surgical intervention at the right shoulder. However, no information was submitted regarding any functional deficits associated at the right shoulder. Additionally, no neurological deficits were identified in the right upper extremity. Therefore, this request for an MRA of the right shoulder is not medically necessary or appropriate.

Portable solar care (for infrared rays) heating system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, Thermotherapy

Decision rationale: The use of application of heat is indicated for chronic injuries at the shoulder. No information was submitted regarding ongoing complaints of pain at the shoulder. Additionally, local application of heat is recommended over commercial products as currently no high quality studies have been published in peer reviewed literature supporting the safety and efficacy of the use of commercial products over at home application of local heat. Therefore, the

request for Portable solar care (for infrared rays) heating system is not medically necessary or appropriate.

Counterforce strap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, Immobilization.

Decision rationale: The use of a counter force strap is not indicated. The injured worker complains of right shoulder pain. No information has been submitted no high quality studies have been published in peer reviewed literature supporting the use of counter force straps in applying to the in application to the shoulder. Therefore, the request for a counterforce strap is not medically necessary or appropriate.