

<b>Case Number:</b>	CM14-0127851		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/07/2006
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Orthopedics and is licensed to practice in South Dakota. 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 69-year-old female who was reportedly injured on 02/07/2006. The mechanism of injury is not listed in the records reviewed. Magnetic resonance image on the right shoulder dated 12/10/2013 indicated no fractures, hypertrophic arthrosis of the acromioclavicular joint and extrinsic impingement on the traversing underlying supraspinatus. Extensive physical therapy noted as treatment but amount of visits and site where therapy applied was not indicated nor was there any subjective or objective benefit noted from this therapy. Last physical examination dated 01/28/2014 indicated delay of another infiltration with steroids and the option of surgery but the injured worker refused and instead received another steroid shot (site and particular type of injection not indicated). No other medical records submitted for review and no detailed examination documented from the provider. A request was made for multi stimulation unit with supplies x 5 months and contrast aqua therapy unit x 6 weeks and was denied on 07/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi Stimulation unit with supplies x 5 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-16.

**Decision rationale:** MTUS allows for TENS for chronic pain for select conditions. The records do not document the presence of these specific conditions therefore, this request is not medically necessary.

**Contrast Aqua Therapy unit x 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):  
22.

**Decision rationale:** MTUS allows for aquatic therapy as an option, as an alternative to land-based physical therapy where reduced weight bearing is desirable. Nothing in the records would indicate the need for reduced weight bearing for this claimant therefore, this request is not medically necessary.