

Case Number:	CM14-0133391		
Date Assigned:	09/18/2014	Date of Injury:	01/24/2011
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 Emergency Medicine, 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:

Patient is with reported date of injury on 1/24/11. Mechanism of injury is described as a slip and fall. Patient has diagnosis of rotator cuff tears (MRI 8/7/13), subluxation of distal clavicle, sprain of coracoclavicular ligament, tendinopathy of subscapularis tendon, Type II SLAP lesion and shoulder degenerative changes. Patient is post R shoulder surgery on 5/9/12. Patient is pending revision of R shoulder surgery with arthroscopy vs. arthrotomy, repair of rotator cuff, repair of SLAP lesion and Mumford procedure. Medical reports reviewed. Last report available until 9/5/14. Patient complains of R shoulder pain. Pain is 7-8/10. Have stiffness, soreness and popping sensation. Pain radiates to R shoulder to R wrist and hand. Objective exam reveals atrophy of R deltoid and biceps. 3inch scar noted in R shoulder. Tenderness to R acromioclavicular joint, head of biceps and shoulder joint. Positive Neer's. Positive anterior apprehension test. Range of motion is moderately decreased. Strength of R shoulder is 4/5. As per report on 9/5/14, it states that X-Force Stim unit is being used for the Interferential stimulation function because "the current goes deeper into the tissue" and claims that it is more effective and form fitting, TENS function as well. It is to be used post-operatively. Note also states that patient has claims of gastrointestinal problems on 9/13/11 and since starting Prilosec, the problems have been "controlled". No imaging reports were provided for review. No medication list was provided. Reports note Vicodin and Prilosec. Patient has attempted physical therapy and acupuncture with little improvement. Independent Medical Review is for "X-Force Stim unit" and Prilosec 20mg #30. Prior UR on 8/12/14 recommended non-certification. It certified Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force Stim Unit: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation(ICS), TENS, post operative pain Page(s): 116-117, 118-120.

Decision rationale: As per report on 9/5/14, it states that X-Force Stim unit is being used for the Interferential stimulation function because "the current goes deeper into the tissue" and claims that it is more effective and form fitting, TENS function as well. It is to be used post-operatively. Since this device has 2 functions, both functions must be deemed medically necessary or the entire request will be considered not medically necessary. As per MTUS Chronic pain guidelines, TENS (Transcutaneous electrical nerve stimulation) for post-operative pain is recommended for the first 30days post-operatively. Since this request is for post shoulder surgery, this function is medically necessary. As to Interferential current stimulation (ICS), as per MTUS Chronic pain guidelines, ICS may be recommended if post-operative pain may restrict or limit post-operative therapy. Patient already has significant pain as per reports. It recommends a 1month trial. A 1month post-operative trial of ICS may be medically necessary. Since both functions are medically necessary, 1month rental of X-Force Stim unit is medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Prilosec is a proton-pump inhibitor (PPI) used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. Patient has "stomach upset" from medications and Prilosec is reportedly "helping". However, MTUS Guidelines recommendations related to dyspepsia from NSAID use. Patient is not noted to be on any oral NSAIDs. It is not known if this "stomach upset" is related to nausea/constipation or a multitude of stomach complaints related to opioids that patient is on or related to dyspepsia. Prilosec is not medically necessary.