

Case Number:	CM14-0157919		
Date Assigned:	10/14/2014	Date of Injury:	05/13/2014
Decision Date:	11/13/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 36 year-old male. The patient's date of injury is 5/13/2014. The mechanism of injury is not stated. The patient has been diagnosed with right shoulder rotator cuff tear and tendonitis, and superior labral tear of the shoulder, AC joint arthropathy. The patient's treatments have included imaging studies, physical therapy, and medications. The physical exam findings dated 8/6/2014 show right shoulder with tenderness of the long head of the biceps and AC (acromioclavicular) joint. There is a limited range of motion noted, with positive impingement signs. In the right elbow there is tenderness over the lateral epicondyle, with a full range of motion. In the right wrist there is no tenderness or weakness noted. The reflexes are noted as +3 bilaterally with decreased sensation over the dorsum of the right thumb. The patient's medications have included, but are not limited to, Medrol dose pack, Prilosec and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS/NMES unit 1 month rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES Page(s): 121.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a Neuromuscular Electrical Stimulation Device. MTUS guidelines state the following: Electrical muscle stimulation is not recommended for chronic pain, but in rehabilitation following a stroke. The NMES is not recommended for pain. According to the clinical documentation provided and current MTUS guidelines; Neuromuscular Electrical Stimulation Device is not indicated as a medical necessity to the patient at this time.

TENS electrodes and batteries (1 month supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 113-115.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. According to the clinical documentation provided and current MTUS guidelines; A TENS unit is not indicated as a medical necessity to the patient at this time.

Vascutherm 4 system-4 week use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder pain, acute and chronic

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for VascuTherm system. Guidelines state the following: recommended as an option after surgery, but not for nonsurgical treatment. Not indicated as a medical necessity to the patient at this time.

Vascutherm shoulder garment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder pain, acute and chronic

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for compression garments. Guidelines state the following: compression garments are not generally recommended in the shoulder as thrombosis and embolism events are more common in the lower-extremity. According to the clinical documentation provided and current guidelines; compression garments are not indicated as a medical necessity to the patient at this time.

Set up and delivery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , ODG, shoulder pain, acute and chronic

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical documentation provided and current guidelines; VascuTherm system, set up and delivery are not indicated as a medical necessity to the patient at this time.