

Case Number:	CM14-0171824		
Date Assigned:	10/23/2014	Date of Injury:	09/01/2007
Decision Date:	12/02/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 Orthopedic Surgery, 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:

55 year old female claimant with an industrial injury dated 09/01/07. The patient is status post a left rotator cuff surgery dated 01/15/12, cervical spine fusion on 04/06/10, and a carpal tunnel release in 2009. MRI of the left shoulder dated 08/14/14 reveals a SLAP lesion of the right glenoid labrum extending to the biceps anchor, tendinosis of the distal supraspinatus tendon of the right shoulder without a partial or full-thickness tear. Exam note 08/15/14 states the patient returns with neck, and left shoulder pain. The patient explains that the pain is sharp, burning, pins and needles, along with tingling and numbness. The patient rates the pain a 7/10. Upon physical exam the patient had tenderness in the bilateral trapezius muscles with trigger points felt bilaterally. The patient demonstrated a decreased range of motion of the cervical spine, and the stress test of the cervical facets was positive bilaterally. The patient also had tenderness at the AC joint and there was mild to moderate pain over the anterior aspect of the shoulder. The range of motion of the left shoulder was decreased with 90' abduction, and 30' of internal rotation. The impingement test was positive and the patient had decreased sensation along the ulnar aspect of the right hand. Conservative treatments have included a home exercise program, physical therapy, and a TENS unit in which has been beneficial in the recovery process. Treatment includes a TENS unit for the home, orthopedic consult, and a cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-114.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain from the exam note of 8/15/14 to warrant a TENS unit. Therefore this request is not medically necessary.

Orthopedic consult and treat for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited do not demonstrate any objective evidence or failure of conservative care from the exam note of 8/15/14 to warrant a specialist referral. Therefore this request is not medically necessary.

Cervical MDD at C3,4,5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181, 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, Table 8-8, page 181, does not recommend facet injection of corticosteroids or diagnostic blocks in the cervical spine. As the guidelines do not recommend diagnostic blocks, the request is not medically necessary.