

Case Number:	CM14-0177625		
Date Assigned:	10/31/2014	Date of Injury:	07/16/2012
Decision Date:	12/08/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine and Rehabilitation, 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:

Medical records reflect the claimant is a 54 year old female who sustained a work injury on 7-1-12. On this date, the claimant felt pain of the shoulder (she heard a pop). Office visit on 9-18-14 notes the claimant presented with a severe flare up of neck, left shoulder, and reported low back pain with prolonged sitting. She was provided with a diagnosis of shoulder tendinitis, possible infraspinatus deltoid contusion, pronator teres syndrome with median nerve, cervical disc herniation with radiculopathy. Recommendations included physical therapy, psychological evaluation, interferential stimulator and shoulder brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that psychological evaluations are generally accepted, well established diagnostic procedures not only with selected use pain problems but also with more widespread use in chronic pain populations. This claimant

has widespread pain complaints that appear to be evolving from the original left shoulder injury to include the low back. A psychological evaluation is reasonable to address her current complaints and evolving symptoms. Therefore the request is medically necessary.

Interferential stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 118-120.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that interferential current stimulation is not recommended as an isolated intervention. It is further noted that this modality is possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). This form of treatment is not indicated as an isolated treatment modality. Therefore, the medical necessity of this request is not established.

Q brace for left shoulder and upper back support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter - Immobilization

Decision rationale: ACOEM notes that Slings and shoulder supports are not recommended for subacute or chronic shoulder pain or mild to moderate acute pain. ODG notes that immobilization is not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment. There is an absence in objective data to support that this claimant has a pathology that requires immobilization or the use of a brace. A brace is not supported at this juncture, so far removed from the original injury. Therefore, the medical necessity of this request is not established.