

Case Number:	CM14-0037151		
Date Assigned:	06/25/2014	Date of Injury:	06/04/2012
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/27/2014

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 Occupational Medicine, 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:

The injured worker is a 47-year-old who was injured on June 4, 2012. Her mechanism of injury was reported to include repetitively lifting totes full of books from a conveyer belt and throwing them across into a disposal bin which began to cause pain in her right shoulder. Injured worker states she continued to work despite the pain which caused the pain to increase. Injured worker experiences pain in her neck and right shoulder. Most recent exam dated April 2, 2014 reveals tenderness along the acromioclavicular (AC) joint and positive impingement sign, abduction of 150 degrees and subluxation of the sternoclavicular joint on the right side. Tenderness along the facets to the right of midline is also noted. The injured worker is diagnosed with impingement syndrome of the shoulder on the right with AC joint involvement and anterior subluxation, mild shoulder sprain on the left and mild impingement, and sternoclavicular joint subluxation on the right. Clinical note dated February 19, 2014 reports the injured worker has had an Magnetic resonance imaging (MRI) of the shoulder showing tendinosis and an MRI of the neck showing disc disease. MRI of the cervical spine without contrast dated March 16, 2013 is available for review and reveals mild degenerative disc disease with 2 mm disc osteophyte complex and facet hypertrophy with moderate left and mild right neural foraminal narrowing at C6-7 with mild central canal narrowing and mild degenerative disc disease with 2 mm disc osteophyte complex with mild to moderate neural foraminal narrowing and mild central anal narrowing at C5-6. No other imaging results were available for review. Injured worker is also recovering from lumbar sprain and a history of knee surgery, both unrelated to this claim. Records indicate the injured worker has participated in six sessions of aquatic therapy and eighteen sessions of chiropractic therapy to date, however therapy notes are not available for review and it is not clear what complaints the therapy sessions addressed. In clinical note dated February 19, 2014 however, mention is made that the injured worker claims she has not received any hydrotherapy. There is

no objective data to reflect what amount of relief or improvement the injured worker experienced from this therapy, but clinical note dated January 8, 2014 indicates that the injured worker reports chiropractic therapy helped significantly. This note also mentions the injured worker has access to a transcutaneous electrical nerve stimulator (TENS) unit. Clinical note dated February 19, 2014 indicates the TENS unit was reportedly stolen from her vehicle. There are no objective findings available to reflect the relief or improvement experienced with the use of the TENS unit. This note also reveals the injured worker has been referred to psychiatry but nothing materialized [due to] narcotic usage. The injured worker also has a history and diagnosis of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Regular Unit 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116 of 127.

Decision rationale: There were no therapy notes included in the documentation provided for review to demonstrate that this form of conservative therapy has failed the injured worker. Additionally, a transcutaneous electrical nerve stimulator (TENS) unit had been made accessible to the injured worker, but she reported that it was stolen from her vehicle. There were no objective findings to reflect the amount of improvement or relief achieved with the use of the TENS unit. The injured worker also has a history of behavioral health concerns and clinical notes included for review indicate the injured worker has had an issue with narcotics. It is unclear that the injured worker would responsibly maintain possession of an additional TENS unit and it is unclear why another should be authorized. The request for a TENS regular unit rental is not medically necessary or appropriate.