

<b>Case Number:</b>	CM14-0051849		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 59-year-old female who sustained an injury on 05/04/09. No specific mechanism of injury was noted. The injured worker has been followed for complaints of left shoulder pain. Prior treatment has included electric shockwave therapy. The injured worker also described pain in the neck and upper back region. There was a clinical report from 03/26/14 however no specific exam findings were noted. It appears the injured worker did have an allergic reaction to a prior epidural steroid injection completed in February of 2014. The clinical documentation did indicate that a motorized garage door opener was being recommended due to the injured worker's shoulder complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultra-sound conductive gel.:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

**Decision rationale:** In regards to the request for Ultra-sound conductive gel, the clinical documentation submitted for review did not provide any clinical indications for the use of this product. No specific rationale was noted in the clinical reports to support medical necessity for this request. As such, the request is not medically necessary.

**Motorized garage door opener.:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Current Medical Diagnosis and Treatment, 2012. Goroll A.H. Primary Care Medicine, 7th ed. ISBN/ISSN: 9781451151497.

**Decision rationale:** In regards to the request for a motorized garage door opener, the clinical documentation submitted for review indicated that this was being recommended due to the injured worker's shoulder conditions. There are no recent evaluations of the injured worker's bilateral shoulders indicating substantial weakness or loss of function to the extent though it would reasonably prevent the injured worker from lifting a garage door. Therefore, this reviewer would not have recommended this request as medically necessary. As such, the request is not medically necessary.

**Internal Medicine follow-up visit.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain: Procedure Summary.

**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(s) 32.

**Decision rationale:** In regards to the request for an internal medicine follow-up visit, the clinical documentation provided for review did not identify any specific indications for this request. It is unclear what condition secondary to the injury would be discussed at an internal medicine evaluation to warrant follow-up visit. Therefore, this reviewer would not have recommended this request as medically necessary. As such, the request is not medically necessary.