

Case Number:	CM14-0061403		
Date Assigned:	07/25/2014	Date of Injury:	07/22/2013
Decision Date:	09/12/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	05/02/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 39-year-old male with a reported date of injury on 07/22/2013. The injury reportedly occurred when the injured worker helped a morbidly obese patient out of her wheelchair. His diagnoses were noted to include acromioclavicular joint arthrosis, shoulder strain, and shoulder impingement and to rule out tendinopathy. His previous treatments were noted to include physical therapy, injections, and medications. The progress note dated 04/30/2014 revealed the injured worker revealed with regular use of Naproxen and Acetaminophen his pain was rated 5/10 to 6/10 for 3 to 4 hours and without medication 6/10 to 7/10. The physical examination revealed range of motion was limited but mildly improved and the injured worker had a positive cross arm test and impingement sign. Tenderness to palpation was exquisite at the acromioclavicular joint, anterior glenohumeral, and trapezius. The injured worker indicated the TENS unit utilized throughout physical therapy gave some pain relief. The provider indicated 6 sessions of physical therapy, medications, and injections had failed to reduce pain significantly. The Request for Authorization form was not submitted within the medical records. The request was for an MRI without contrast of the left shoulder; however, the provider's rationale was not submitted within the medical records. The request was for a TENS unit for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Shoulder Procedure Summary last updated 12/27/2013.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The injured worker has had a previous MRI of the left shoulder in the fall of 2013. The California MTUS/ACOEM Guidelines state routine testing and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises a suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial thickness tears should be treated the same as an impingement syndrome regardless of MRI findings. The primary criteria for ordering imaging studies is emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for 1 month in cases of when surgery is being considered for a specific anatomic defect. MRIs and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. The Guidelines state an MRI can be used to identify and define a rotator cuff tear, impingement syndrome, recurrent dislocation, a tumor, or an infection. The injured worker has had a previous left shoulder MRI in the fall of 2013 and there is a lack of clinical findings or an emergence of a red flag to warrant a repeat MRI of the left shoulder. Therefore, the request for MRI without contrast of the left shoulder is not medically necessary.

TENS unit, 1 month trial: 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, chronic pain Page(s): 114-115.

Decision rationale: The injured worker reported he had some pain relief with the utilization of a TENS unit with physical therapy. The California Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but a 1 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. The Guidelines recommend a home based treatment trial of 1 month may be appropriate for neuropathic pain and complex regional pain syndrome type 2. There is some evidence for using a TENS unit for neuropathic pain. The Guideline criteria for

the use of TENS is documentation of pain of at least 3 months' duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities with 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, and other ongoing pain treatment should also be documented during the trial period including medication usage. The injured worker does not have complaints of neuropathic pain or complex regional pain syndrome type 2 to warrant a TENS unit. Therefore, the request for TENS unit, 1 month trial is not medically necessary.