

Case Number:	CM14-0064066		
Date Assigned:	07/11/2014	Date of Injury:	06/18/2013
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/07/2014

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 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:

The patient is a 52 year old female who was injured on 06/18/2013 while she was pushing a trash can that had wheels and the wheels became caught in the uneven concrete floor which caused the trash can to fall over. She fell onto the trash can and landed on her back. Diagnostic studies reviewed include MRI of the left shoulder performed on 09/17/2013 revealed moderate acromioclavicular joint arthrosis, near full-thickness articular surface tear of the supraspinatus tendon, infraspinatus tendinosis, scarring in the rotator cuff interval consistent with chronic capsulitis/adhesive capsulitis in an appropriate clinical context. Progress report dated 03/17/2014 indicates the patient complained of intermittent mild right knee pain rated as a 4/10. He reported neck pain that is sharp in nature and rated at 7/10. He has mild, dull low back pain with aches and numbness at 3/10. Objective findings on exam revealed range of motion of the cervical spine revealed flexion at 50 degrees, extension at 40 degrees, lateral flexion at 30 degrees bilaterally, and rotation to 70 degrees bilaterally. She has positive foraminal compression and Jackson Compression. The left shoulder revealed forward flexion to 80 degrees, extension to 30 degrees, abduction to 50 degrees, internal rotation to 10 degrees, and external rotation to 10 degrees. She has a positive impingement sign and apprehension sign. There is tenderness to palpation over the biceps, deltoid and acromioclavicular joint. Jamar grip strength readings are 38, 38, 40 on the right and 18, 20, 22 on the left. She is diagnosed with left shoulder post Shoulder Nail Plating (SNP) System, left shoulder effusion, thoracic spine sprain/strain, lumbar sprain/strain with multilevel IVD, cervical sprain/strain with multilevel IVD, radiculitis, right knee sprain/strain. She was recommended a referral to pain management, continue acupuncture twice a week for 4 weeks, begin shock wave therapy 3 sessions for the left shoulder, continue home exercise program, and she was given Synovacin and Dendracin for topical use and joint health. On note dated 03/26/2014, she is noted to have a diagnosis of carpal

tunnel syndrome. She has positive Tinel's sign of the wrist bilaterally. She has a positive Apley's sign of the left shoulder. An EMG of the bilateral upper extremities revealed prolonged right median sensory nerve peak latency, all other nerves were normal. NCV revealed evidence of right mild carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulator (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, TENS.

Decision rationale: According to MTUS guidelines, TENS unit may be recommended if certain criteria are met. However, in this case the patient does not meet criteria. There does not appear to have been a one-month TENS unit trial with documentation of frequency of use and outcomes including medication usage. There is no documentation of a treatment plan with short and long-term goals. Medical necessity is not established.

Referral to Pain management for evaluation and medication: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Pain Management Programs.

Decision rationale: According to MTUS guidelines, referral to specialist is recommended for a complicated case or where treatment may benefit from additional expertise. In this case a request for pain management evaluation was made on 3/24/14. However, the patient already had a pain management evaluation 2/19/14 by [REDACTED] with a plan for follow-up in 4 weeks. She had also been treating with [REDACTED], another pain management physician, prior to the date of request. No specific rationale is provided which details the need for further pain management referral. Medical necessity is not established.

Electromyogram (EMG) upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Shoulder Complaints, 2nd Edition (2008 revision) pages 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, EMG.

Decision rationale: According to ODG guidelines, EMG of the upper extremities may be recommended for evaluation of suspected radiculopathy or carpal tunnel syndrome. However, the patient does not have documented symptoms or exam findings suggestive of upper extremity radiculopathy or nerve entrapment. Medical necessity is not established.

Nerve Conductive Velocity (NVC) upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Shoulder Complaints, 2nd Edition (2008 revision) pages 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Electrodiagnostic Studies.

Decision rationale: According to ODG guidelines, EMG of the upper extremities may be recommended for evaluation of suspected radiculopathy or carpal tunnel syndrome. However, the patient does not have documented symptoms or exam findings suggestive of upper extremity radiculopathy or nerve entrapment. Medical necessity is not established.

Magnetic Resonance Imaging (MRI) left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Shoulder Complaints, 2nd Edition (2008 revision) pages 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI.

Decision rationale: According to MTUS and ODG guidelines, shoulder MRI is indicated for significant trauma, suspected red flag condition or suspected internal derangement. In this case the patient underwent left shoulder MRI on 9/17/13, which showed a full-thickness rotator cuff tear. Rotator cuff tear repair was performed 11/14/13, and post-operative left shoulder MRI was done on 2/28/14, which showed post-operative change. However, post-operative history and examination findings do not support an additional left shoulder MRI nor is a clear rationale provided. Medical necessity is not established.

