

<b>Case Number:</b>	CM14-0077868		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/21/2005
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Family 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 injured worker is a 48 year old female who was injured on 10/21/05 when she tripped over a pallet and fell onto a concrete floor. The injured worker is status post left shoulder arthroscopic subacromial decompression, distal clavicle resection, debridement of SLAP tear and debridement of partial thickness supraspinatus and infraspinatus tendon tear performed on 11/27/13. Prior to the surgery the injured worker attended a comprehensive orthopedic second opinion surgical consult. The note from this visit, dated 07/09/13 concludes the injured worker is a surgical candidate and presented suggestions for postsurgical care. Proposed postsurgical treatment included use of an electrical stimulation unit. The injured worker underwent left shoulder surgery on 11/27/13. Progress report dated 03/24/14 states the claimant complains of intermittent moderate left shoulder pain. It is noted the injured worker has participated in 12 visits of postoperative physical therapy. Physical examination reveals left shoulder range of motion (ROM) to be 110 with right and left flexion, 140 right abduction and 100 left abduction. Tenderness is noted. This note references a Permanent and Stationary Report dated 03/11/14 which reports the injured worker has reached MMI and has a 10% Whole Person Impairment rating. Future medical care is noted to include orthopedic reevaluation, supervised physical therapy and medications. The treatment plan submitted in this progress note (03/24/14) includes additional physical therapy, a cortisone injection and continued medications. There is no mention of the use of an electrical stimulation device or inferential unit. Retrospective requests for shipping and handling (shipped item not identified) and "adhesive remover towel mint for purchase" were received by the carrier on 04/21/14 and were subsequently denied by Utilization Review dated 05/09/14. This review indicates the shipping and handling request was in regard to the use of an interferential unit. This is an appeal retrospective request for shipping and handling and adhesive remover towel mint for purchase.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Shipping & Handling #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines (ODG), Knee & Leg Chapter, Section on Durable Medical Equipment (DME) And Shoulder Chapter, Section on Interferential Current Stimulation (ICS).

**Decision rationale:** The retrospective request for Shipping & Handling #1 is not recommended as medically necessary. This request was previously denied by Utilization Review determination dated 05/09/14 which stated, "The review was performed for the simultaneous request for purchase of the ICS unit which was not considered appropriate per ODG Guidelines. [...] Thus, this request for retro Shipping & Handling ... is not considered appropriate." The submitted records did not include documentation which indicated the injured worker had received or used an interferential unit. There was no indication use of such a unit had been requested or was determined to be medically necessary. As such, medical necessity of the retrospective request for Shipping & Handling #1 is not established.

**Retro: Adhesive Remover Towel Mint for purchase #16:** 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 Official Disability Guidelines (ODG), Knee & Leg Chapter, and section on Durable Medical Equipment (DME).

**Decision rationale:** The retrospective request for Adhesive Remover Towel Mint for purchase #16 is not recommended as medically necessary. This request was previously denied by Utilization Review determination dated 05/09/14 which stated, "... there is no functional use for this request for adhesive remover towel mint. Thus, this request for [...] RETRO Adhesive Remover Towel Mint for purchase ... is not considered appropriate." The records submitted for review did not include mention of adhesive remover towel mint. There is no documentation submitted which provides a rationale for this request. Based on the clinical information provided, medical necessity of the retrospective request for Adhesive Remover Towel Mint for purchase #16 is not established.

