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| <b>Case Number:</b>   | CM14-0077985 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 02/22/2013 |
| <b>Decision Date:</b> | 08/25/2014   | <b>UR Denial Date:</b>       | 05/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/28/2014 |

### 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 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:

This 51 year-old female Sorter/Seasonal worker sustained an injury to her right shoulder and elbow from sorting oranges on 2/22/13 while employed by [REDACTED]. Request under consideration include a Purchase of an X Force Solar Care Unit. The diagnoses include right upper extremity sprain/strain; and shoulder adhesive capsulitis. The patient is s/p right shoulder arthroscopic subacromial decompression, partial distal claviclectomy with pain pump placement and manipulation under anesthesia per operative report of 1/10/14. In a follow-up visit on 2/10/14, the provider noted patient with moderate right wrist pain and was healing well. It was noted the CPM machine is set at 159 degrees and she is using it for her shoulder. The provider noted the patient is doing well. Medications include Xanax, Norco, and Prilosec. Exam showed decreased right shoulder range with normal on left; right wrist with healed carpal tunnel release, sutures removed with wrist still tender. The diagnoses included right shoulder rotator cuff tear with post-traumatic arthrosis of AC joint; right elbow lateral epicondylitis; right wrist chronic ulnar collateral ligament sprain/strain; right CTS; anxiety, depression and insomnia. The patient will continue with therapy with renewal of topical creams, Gabapentin, and Tramadol along with Xanax, Prozac, Norco, and Prilosec. The patient remained not working. Report of 4/8/14 noted patient to continue with medications unchanged. Exam of right shoulder showed flex/abd of 120 degrees with IR/ER of 50, 60 degrees along with tenderness of wrist and hand with slight limitation of DF and palmar flexion of 50 degrees. Diagnoses were unchanged. The request for Purchase of an X Force Solar Care Unit was non-certified on 5/22/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of X Force Solar Care Unit:** 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, for chronic pain Page(s): 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a transcutaneous Electrotherapy Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There are no documented short-term or long-term goals of treatment with the X-Force Solar care unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Unit without previous failed TENS trial. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the therapy treatment already rendered. MTUS guidelines recommend TENS as an option for acute post-operative pain and states TENS is most effective for mild to moderate thoracotomy pain; however, it has been shown to be of lesser effect or not at all effective for other orthopedic surgical procedures such as in this case, the shoulder arthroscopy. Additionally, a form-fitting TENS device is only considered medically necessary with clear specific documentation for use of a large area that conventional system cannot accommodate or that the patient has specific medical conditions such as skin pathology that prevents use of traditional system, that demonstrated in this situation. The Purchase of X Force Solar Care Unit is not medically necessary and appropriate.