

<b>Case Number:</b>	CM14-0095083		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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:

The injured worker is a 41-year-old female who reported injury on 06/11/2012. The mechanism of injury was not provided. The injured worker was diagnosed with shoulder strain/sprain. The injured worker's past treatments included physical therapy, acupuncture, medications, and TENS unit. The injured worker's diagnostic testing included EMG/NCV on 04/18/2014 of the upper extremities, which revealed a normal electromyography study of the cervical spine and upper extremities without evidence of radiculopathy. The NCV revealed normal limits. The injured worker's surgical history was not provided. In the clinical note dated 06/18/2014, the injured worker complained of activity dependent right shoulder pain and stiffness radiating into the neck, with numbness and tingling rated 7/10 to 8/10. The injured worker had right shoulder range of motion, with flexion at 100 degrees, extension to 30 degrees, abduction at 100 degrees, and adduction at 40 degrees, external rotation at 90 degrees, and internal rotation at 80 degrees. In the clinical note dated 05/23/2014, the injured worker's medications included naproxen 550 mg, Prilosec 20 mg, and tramadol 150 mg. The request was for MRI of the right shoulder and TENS unit and supplies, rental, or purchase. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-214. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Procedure summary

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

**Decision rationale:** The request for MRI of the right shoulder is not medically necessary. The injured worker is diagnosed with shoulder sprain/strain. The injured worker complains of right shoulder pain and stiffness radiating into the neck with numbness and tingling rated 7/10 to 8/10. The California MTUS/ACOEM Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in and around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in injured workers may be surgically repaired acutely to restore function. In older injured workers, these tears are typically treated conservatively at first. Anatomic definition as a means of imaging is commonly required to guide surgery or other procedures. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for 1 month or more. In cases when surgery has been considered for a specific anatomic defect, magnetic resonance imaging and arthrography have a fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. MRIs may be the preferred investigation because it demonstrates soft tissue anatomy better. There is a lack of documentation which demonstrates that conservative care has failed to provide relief. The injured worker has decreased range of motion to the right shoulder. The injured worker has a positive Speed's test on the right. There is lack of documentation indicating the injured worker has had physical therapy to correct the decreased range of motion. As such, the request for MRI of the right shoulder is not medically necessary.

**Tens Unit & supplies rental or purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT, Page(s): 114-116..

**Decision rationale:** The request for a TENS unit and supplies, rental, or purchase is not medically necessary. The injured worker is diagnosed with right shoulder strain/sprain. The injured worker complains of right shoulder pain and stiffness radiating into the neck with numbness and tingling rated 7/10 to 8/10. The California MTUS Guidelines do not recommend TENS unit 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 medical records must have documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, and

a 1 month trial period of the TENS unit should be documented with ongoing treatment modalities within the functional restoration approach. Documentation of how often the unit was used, pain relief, and function would be preferred with rental over purchase during this trial period. The injured worker's medical records lack documentation of an adjunct program for functional restoration and evidence of tried and failed pain modalities. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain for at least 3 months. Additionally, the request does not indicate the application site or whether the unit is being requested for a trial or purchase, the frequency of use, and length of time to be used. As such, the request for a TENS unit and supplies, rental, or purchase is not medically necessary.