

Case Number:	CM14-0177113		
Date Assigned:	10/30/2014	Date of Injury:	11/30/2013
Decision Date:	01/14/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Florida. 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 54 year old female who was injured on 11/30/2013. The diagnoses are left shoulder rotator cuff tendinitis, left thumb osteoarthritis, left carpal tunnel syndrome, neck pain and myofascial pain. On 4/27/2014, [REDACTED] injected the left thumb joint with steroid. The 2014 MRI of the left shoulder showed severe tendinosis of multiple tendons, rotator cuff scarring and subluxation of the head of the bicep muscle. On 8/13/2014, [REDACTED] noted subjective complaint of neck pain radiating down the upper extremities. There was associated muscle spasm and decreased range of motion of the neck and shoulders. The sensation over the median nerve distribution distal to the wrist was decreased. The pain score was rated at 8/10 at a scale of 0 to 10. The medications are Anaprox and Protonix. A Utilization Review determination was rendered on 10/16/2014 recommending non certification for PT 2X6, Ortho referral for left shoulder, TENS unit, TENS supplies, MRI of the cervical spine and Pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times a Week for 6 Weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Neck and Upper Back. Shoulder.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy can be utilized in the treatment of musculoskeletal injury. The utilization of physical therapy can result in decrease` in pain, increase in range of motion, reduction in medication utilization and improvement in function. The record did not indicate that the patient had completed the guidelines recommended course of physical therapy treatment. It is recommended that the patient can progress to a home exercise program after completion of PT program. The criteria for PT 2 / week for 6 weeks were met. Therefore the request is medically necessary.

MRI of The Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Neck and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of chronic neck pain with neurological deficits that cannot be diagnosed by clinical examination and plain radiological investigation. The records showed that an MRI of the left shoulder had indicated significant tendinosis. There is subjective or objective findings indicative of neurological deficits related to the cervical spine. The criteria for MRI of the cervical spine were not met. Therefore the request is not medically necessary.

Pain Management Referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Evaluation and Management

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. The records indicate that the MRI showed severe tendinosis of several left shoulder muscle. The patient is currently on simple NSAIDs medications. There is no indication that additional medications or interventional pain procedure is indicated at this time. The records indicate that the patient was referred for orthopedic evaluation. The criteria for Pain management consultation were not met. Therefore the request is not medically necessary.

Ortho Referral for The Left Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Shoulder

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. The records indicate that the MRI showed severe tendinosis of several left shoulder tendons and subluxation of bicep tendon. The patient is currently on simple NSAIDs medications. The records indicate that the patient was referred for orthopedic evaluation. The criteria for Referral for Orthopedic consultation to left shoulder were met. Therefore the request is medically necessary.

TENS/EMS Unit (Prime Dual Neurostimulator) Rental for A 1 Month Home Trial: Overturned

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 Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that TENS unit can be utilized for the relief of musculoskeletal pain. It is recommended that there should be an initial 1 month trial of the use of TENS unit. The modality of the utilization of the use of the TENS unit should be documented. The guidelines recommend that the TENS units can then be purchased or authorized for long term use if there is documentation of pain relief, improved function with range of motion and reduction in medication utilization. The records indicate that the patient have significant chronic neck and shoulder pain that can benefit from the use of TENS unit. The criteria for TENS /EMS (Prime Dual Neurostimulator) 30 days Trial Home use was met. Therefore the request is medically necessary.

2 Month Supplies (Electrodes, Batteries and Lead Wires) ti Use with Prescribed TENS/EMS: Overturned

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 Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that TENS unit can be utilized for the relief of musculoskeletal pain. It is recommended that there should be an initial 1 month trial of the use of TENS unit. The modality of the utilization of the use of the TENS unit should be documented. The guidelines recommend that the TENS units can then be purchased or authorized for long term use if there is documentation of pain relief, improved function with range of motion and reduction in medication utilization. The records indicate that the patient have significant chronic neck and shoulder pain that can benefit from the use of TENS unit. The criteria for TENS /EMS 2 months Supplies (batteries, leads, electrodes) were met. Therefore the request is medically necessary.