

<b>Case Number:</b>	CM14-0196381		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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. 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 62 year old female who was injured on 3/22/2013. The diagnoses are right shoulder tendinitis, rotator cuff strain, cervical radiculopathy and chronic pain syndrome. The 2013 MRI of the right shoulder showed moderate rotator tendinosis, degenerative changes and synovitis. The patient completed PT and the use of TENS unit. On 10/8/2014, the provider noted subjective complaint of shoulder and neck pain. There was numbness and tingling sensation along right C6 and C7 distribution. There was objective finding of tenderness of the trapezius and shoulder area, positive impingement test and decreased range of motion of the shoulder. The medications are ibuprofen, Ambien and topical analgesic cream. A Utilization Review determination was rendered on 10/24/2014 recommending non certification for replacement Hot and Cold Wrap for Purchase and replacement TENS Electrodes, Pads for purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hot and cold wrap, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

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

**Decision rationale:** The CA MTUS and the ODG Guidelines recommend that use of Hot and Cold therapy for the treatment of post- operative and acute musculoskeletal injury pain. The use of hot and cold therapy can lead to reduction in swelling, pain and increase in range of motion of the joints. The records did not indicate that the patient had a recent injury or surgery. The guidelines did not recommend the use of Hot and Cold therapy for chronic musculoskeletal pain. The criteria for the use and purchase of replacement hot and cold wrap for purchase was not met.

**TENS electrodes, pads, purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116.

**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. Shoulder

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that TENS unit can be utilized for the treatment of musculoskeletal pain. The use of TENS unit can lead to reduction in medication utilization, increased in function and reduction in pain. The records indicate that the use of TENS unit enabled the patient to avoid dependent on utilization on oral pain medications. The patient reported significant pain relief with functional restoration with the use of the TENS unit. The criteria for the replacement and purchase TENS Electrodes, Pads and Purchase was met.