

Case Number:	CM14-0198320		
Date Assigned:	12/08/2014	Date of Injury:	02/13/2014
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Practice 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:

42 yr. old male claimant sustained a work injury on 2/13/14 involving the neck, right shoulder and back. He was diagnosed with a serratus anterior muscle injury. An MRI of the right shoulder in April 2014 showed a SLAP lesion of the posterior labrum, tendinitis of the supraspinatus/infraspinatus region and osteoarthritis. A request was made in September 2014 for a 5 month multi-stimulation unit for the neck and a heat/cold unit for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stimu Unit w/Supplies, 5 month Rental, Cervical/Thoracic Spine & R Shoulder, per 9/12/14 form QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Criteria for the Use of TENS, and I.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In

this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for a TENS unit is not medically necessary.

Heat/Cold Unit, Purchase, Cervical/Thoracic Spine & R Shoulder, per 9/12/14 Form QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Cold Packs, and Shoulder, Cold Packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder and cold unit

Decision rationale: According to the guidelines, cold therapy is recommended in the acute phase of injury. Cold compression is not recommended. According to the ACOEM guidelines, cold therapy is optional. In this case, the claimant's injury is not acute. Long-term use/purchase of a cold unit is not supported by scientific evidence and is not medically necessary.