

Case Number:	CM14-0199202		
Date Assigned:	12/22/2014	Date of Injury:	07/31/2003
Decision Date:	02/04/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/26/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 43 year old male with an injury date of 07/31/03. The 10/16/14 progress report states that the patient presents with left shoulder pain with popping and clicking. The patient is not currently working. Examination of the cervical spine reveals tenderness to palpation with trigger points over the paraspinal musculature and trapezius muscles. Compression test elicits localized pain. Left shoulder examination shows tenderness to palpation over the subacromial region, acromioclavicular joint and supraspinatus tendon. Cross arm test is positive. The patient's diagnoses include: 1. Status post right ankle arthroscopic surgery X 2 (May 2006 and May 2008) 2. Status post right knee arthroscopic surgery (November 2005 with history of two surgeries in 1995 and 2001 and MR Arthrogram August 2008, chondromalacia of the patella with full thickness articular defect. 3. Right wrist sprain strain with recurring carpal tunnel syndrome per EMG/NCS 02/21/08 4. Status post right shoulder arthroscopic surgery 09/09/11 5. Status post left shoulder arthroscopic surgery 11/05/10 involving subacromial decompression, mumford procedure, debridement of SLAP tear and partial thickness rotator cuff tear with postoperative residuals including periscapular myofascial strain 6. Lumbosacral sprain/strain with BLE radiculitis 7. History of right first toe fracture 8. Cervical spine musculoligamentous sprain/strain with associated headaches post blunt head trauma secondary to fall 09/21/11 due to giving way of right knee 9. Psychiatric diagnosis deferred. The physician states the patient had a bad reaction to a prior left shoulder cortisone injection, declined acupuncture treatment and conducts home exercise and uses a TENS unit. Medications are listed as Norco and Anaprox. The utilization review dated 11/11/14 denied the ultrasound study of the left shoulder as guidelines state it is not recommended for evaluation of the rotator cuff. The request for TheraCane, a back massager, was denied because it or similar massagers have not been recommended by guidelines. Reports were provided for review from 04/12/13 to 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound Study of the Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214, Chronic Pain Treatment Guidelines Shoulder, Summary of Recommendations for Evaluating and Managing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter, Ultrasound, diagnostic.

Decision rationale: The patient presents with left shoulder pain with popping and clicking status post left shoulder arthroscopy 11/05/10. The current request is for Ultrasound Study of the Left Shoulder per 10/16/14 report. ODG, Shoulder Chapter, Ultrasound, diagnostic, states, "Recommended as indicated below. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. The physician states on 10/16/14 the request is to assess for rotator cuff pathology. In this case, the patient has a diagnosis of Status post left shoulder arthroscopic surgery 11/05/10 involving subacromial decompression, mumford procedure, debridement of SLAP tear and partial thickness rotator cuff tear with postoperative residuals including periscapular myofascial strain. ODG states that ultrasound may be better at picking up partial tears of the rotator cuff than MRI. The reports provided do not show evidence of a MRI or ultrasound left shoulder post-surgery for this patient. The request IS medically necessary.

1 Theracane: 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 MTUS, Massage Therapy. Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Massage

Decision rationale: The patient presents with left shoulder pain with popping and clicking status post left shoulder arthroscopy 11/05/10. The current request is for 1 TheraCane per 10/16/14 report. On line research shows that TheraCane is a hand held non-electronic, non-motorized massage device. MTUS, Massage Therapy, page 60 states, "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), ODG, Shoulder Chapter, Massage, Recommended as an option. While very little research has been conducted into the effectiveness of massage for shoulder pain, recent research is painting a more favorable picture. In the past, there was conflicting evidence of the efficacy of massage in the treatment of shoulder disorders. The physician does not discuss this request or

state the intended use of the TheraCane. The patient is noted to be using TENS, medications and conducting home exercise, but there is no evidence that the patient has been trained to use this equipment and has demonstrated proficiency in performing home exercises with it. In the absence of a clear statement for the need for a TheraCane, the request IS NOT medically necessary.