

Case Number:	CM14-0219342		
Date Assigned:	01/09/2015	Date of Injury:	05/19/2014
Decision Date:	04/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old worker with a date of injury of May 19, 2014. The mechanism of injury is unknown. Assessment included history of fracture of the greater tuberosity, left shoulder and status-post left shoulder arthroscopy, November 17, 2014. On December 31, 2014, the injured worker complained of ongoing discomfort in her left shoulder. Her pain was described as intermittent, aching, dull, sharp, stabbing and throbbing pain. She rated the pain at rest as a 7 on a 1-10 pain scale and as an 8 with activity. With medication, her pain was at a 4 on the pain scale with rest and with activity. She noted extreme pain at night even after taking pain medication. Physical examination revealed tenderness to palpation of the greater tuberosity and trapezius. Passively, flexion was 140 degrees, abduction was 120 degrees and internal/external rotation was 50 degrees. Medications were listed as treatment and she was instructed and encouraged to perform a home exercise program to improve range of motion. A request was made for DME: Meds 4-INF Unit with garment x 30 days rental for the left shoulder. On December 3, 2014, utilization review denied the request citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: MEDS-4-INF Unit with garment x 30 day rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter-Inferential therapy; Neuromuscular electrical stimulation.

Decision rationale: The ODG guidelines do not recommend inferential therapy. The guidelines note that neuromuscular electrical stimulation is under study but is not yet recommended. Thus the requested treatment: Associated surgical service: MEDS-4-INF unit with garment x 30 day rental is not medically necessary and appropriate.