

Case Number:	CM15-0000555		
Date Assigned:	01/12/2015	Date of Injury:	06/02/2012
Decision Date:	03/06/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/02/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 62 year old female, who sustained an industrial injury on 6/2/2012. She has reported pain in the upper arm and neck. The diagnoses have included shoulder bursitis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, multiple steroid injections, and rest. Shoulder pain persisted. Right rotator cuff surgery was completed 4/3/13. On July 11, 2014, right shoulder arthroscopy with debridement, revision of subacromial decompression and distal clavicle resection were completed. Nine (9) physical therapy sessions were completed post operatively. Currently, the IW complains of continued shoulder pain. In August 2014, six weeks status post surgical intervention, pain was 4-5/10 VAS with no pain at rest and treated satisfactorily with Advil. In October 2014, fourteen weeks status post surgical repair, pain was 5/10 VAS with some days reporting no pain. There was decreased flexion, adduction, abduction and internal rotation documented. The plan of care included returning to full work status with no physical therapy necessary indicating the physical exam most likely would not change. November 25, 2014 Primary Treating Physician's initial report indicated complaints of intermittent sharp, throbbing pain to right shoulder, upper arm and neck rated 5/10. Plan of care included home Transcutaneous Electrical Nerve Stimulation (TENS) unit to decrease muscle spasms and pain as well as a cortisone injection to right shoulder. On 12/12/2014 Utilization Review non-certified a MEDS-4 interferential unit with garment for home use and an ultrasound guided cortisone injection for the right shoulder, noting the lack of documentation supporting prior treatment success of the requested therapies. The MTUS Guidelines were cited. On 1/2/2015, the injured worker submitted an application for IMR for

review of MED-Transcutaneous Electrical Nerve Stimulation (TENS) unit with ferment for home use and ultrasound guided cortisone injection to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 Interferential Unit with Garment for Home Use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Page(s): 118-119..

Decision rationale: According to MTUS guidelines, Interferential Current Stimulation (ICS). Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999)(Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005)(Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). There is no clear evidence that the patient did not respond to conservative therapies, or have post op pain that limit his ability to perform physical therapy. There is no clear evidence that the neurostimulator will be used as a part of a rehabilitation program. There is no evidence of left knee functional deficit that required neuro stimulator therapy. There is no documentation of the outcome of previous physical therapy and TENS. Therefore, the request of Meds-4 Interferential Unit with Garment for Home Use is not medically necessary.

Ultrasound Guided Cortisone Injection Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213.

Decision rationale: According to MTUS guidelines, invasive techniques have limited proven value. If pain with elevation significantly limit activity, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. However the evidence supporting such an approach is not overwhelming. According to MTUS guidelines, 2 or 3 subacromial injections of local anesthetics and cortisone preparation over an extended period as a part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tear is recommended. In this case, there is no objective documentation of failure of adequate trials of conservative therapies. Furthermore it is not clear that the injection is a part of an exercise rehabilitation program. Also it is not clear if there is pain with shoulder elevation significantly limiting shoulder mobility.