

<b>Case Number:</b>	CM15-0004850		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	04/30/2010
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 York  
 Certification(s)/Specialty: Internal 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 43 year old female, who sustained an industrial injury on April 30, 2010. She has reported pain in the left shoulder from a motor vehicle accident. The diagnoses have included left rotator cuff tendinosis, left shoulder superior labral tear from anterior to posterior lesion, left shoulder bursitis/impingement and left shoulder arthrosis. Treatment to date has included surgery, chiropractic therapy, home exercises, stretching, diagnostic studies, acupuncture, physical therapy and medications. Currently, the IW complains of mild to intermittent pain to the left shoulder rated as a 4 on a 1-10 pain scale. The pain was noted to be worse depending on her activities. She stated that since her surgery, she now has better range of motion. Her chiropractic therapy also helped to decrease her pain and increase her range of motion. She also reported benefit from physical therapy and acupuncture. On December 12, 2014, Utilization Review non-certified a request for a 30-day trial of Transcutaneous Electrical Nerve Stimulation Unit and purchase of supplies, ongoing treatment with pain psychologist and ongoing general orthopedic follow-ups, noting the Medical Treatment Utilization Schedule and Official Disability Guidelines. A request for ongoing pain management follow-ups medications management was modified to ongoing pain management follow-up medications management x1. On January 9, 2015, the injured worker submitted an application for Independent Medical Review for review of a 30-day trial of Transcutaneous Electrical Nerve Stimulation (TENS) Unit and purchase of supplies, ongoing treatment with pain psychologist, ongoing general orthopedic follow-ups and ongoing pain management follow-ups medications management.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 day trial of TENS unit and purchase of supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. Given that the injured worker reports significant improvement in pain level and function following other treatment modalities, including Surgery, Chiropractic therapy, Physical Therapy, Acupuncture and medications, the necessity for the use of a TENS unit has not been established. Per MTUS guidelines, the request for Transcutaneous Electrical Nerve Stimulation Unit and purchase of supplies is not medically necessary.

### **Ongoing treatment with pain psychologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations and treatment Page(s): 100.

**Decision rationale:** Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). If pain is sustained in spite of continued therapy, including psychological care, intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. Documentation fails to indicate that the injured has a level of pain severe and persistent enough to warrant continued Psychological services. With MTUS guidelines not being met, the request for ongoing treatment with pain psychologist is not medically necessary.

### **Ongoing general orthopedic follow-ups:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Shoulder Chapter

**Decision rationale:** Per Guidelines, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that a set number of office visits per condition cannot be reasonably established as patient conditions vary. The injured worker reports improvement in function and pain control with treatment modalities provided to date, including medications that would require close monitoring. Per guidelines, the request for Ongoing general orthopedic follow-ups is medically necessary.

**Ongoing pain management follow-ups, medications management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30 ? 33.

**Decision rationale:** Multidisciplinary pain programs or Interdisciplinary rehabilitation programs combine multiple treatments, including physical treatment, medical care and supervision, psychological and behavioral care, psychosocial care, vocational rehabilitation and training and education. Per MTUS guidelines, Outpatient pain rehabilitation programs may be recommended if previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, if the patient has a significant loss of ability to function independently resulting from the chronic pain and if the patient is not a candidate where surgery or other treatments would clearly be warranted. The injured worker has undergone multiple treatment modalities including surgery, chiropractic therapy, home exercise program, acupuncture, physical therapy and medications. Range of motion in the shoulder has increased since surgery and pain level is reported to have improved. In the absence of treatment failure and significant loss of function, MTUS guidelines for ongoing Pain Management is not met. The request for Ongoing Pain Management follow-ups and medication management is not medically necessary.