MAXIMUS Federal Services

Case Number:	CM15-0007275		
Date Assigned:	01/26/2015	Date of Injury:	03/18/2004
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/13/2015

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 58-year-old female, with a reported date of injury of 03/18/2004. The diagnoses include discogenic cervical condition, mid-back sprain, and bilateral shoulder impingement syndrome. Treatments have included an MRI of the cervical spine on 04/15/2011, an MRI of the left shoulder on 03/15/2013, ice, joint injection to the subacromial space in the right shoulder, home stretching exercises, and heat.The medical report dated 12/19/2014 indicates that the injured worker had been having more shoulder pain on the right. She also had pain in her neck and both shoulders. The injured worker indicated that her pain started getting worse. She preferred not to take medications. The objective findings showed tenderness along the right shoulder with shrugging, pain along the rotator cuff and biceps tendon, and pain along the trapezius and shoulder girdle bilaterally. The treating physician requested an in-home transcutaneous electrical nerve stimulator (TENS) unit with a conductive garment for the shoulder to decrease pain, since the injured worker was not taking any oral medications.On 01/08/2015, Utilization Review (UR) denied the request for a TENS unit, and conduction garment for the shoulder, noting that there was no mention of previous TENS use or rationale for the use of a conductive garment for the shoulder during the physical therapy visits. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME In Home TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for neck, shoulder and wrist disorders. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of DME In Home TENS Unit is not medically necessary.

DME Conductive Garment for Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Compression garments

Decision rationale: According to ODG guidelines, Compression garments, not generally recommended in the shoulder. Deep venous thrombosis and pulmonary embolism events are common complications following lower-extremity orthopedic surgery, but they are rare following upper-extremity surgery, especially shoulder arthroscopy. It is still recommended to perform a thorough preoperative workup to uncover possible risk factors for deep venous thrombosis/ pulmonary embolism despite the rare occurrence of developing a pulmonary embolism following shoulder surgery. Mechanical or chemical prophylaxis should be administered for patients with identified coagulopathic risk factors. (Edgar, 2012) Although variability exists in the reported incidence of VTE, surgeons should still be aware of the potential for this serious complication after shoulder arthroplasty. (Saleh, 2013) Available evidence suggests a low incidence, but the final decision to consider thromboprophylaxis rests with the operating surgeon. (Madhusudhan, 2013) See Venous thrombosis in this chapter. See also Compression garments and venous thrombosis in the Knee Chapter. As mentioned above, compression garments is not recommended in the shoulder. Therefore, the request is not medically necessary.