

Case Number:	CM15-0107381		
Date Assigned:	06/11/2015	Date of Injury:	09/12/2013
Decision Date:	08/20/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female who reported an industrial injury on 9/12/2013. Her diagnoses, and/or impressions, are noted to include: articular cartilage disorder, and other affections, of the right shoulder and region; disorders of bursae and tendons in the right shoulder region; and bicipital tenosynovitis. Recent magnetic imaging studies of the right shoulder are stated to have been done on 10/19/2014. Her treatments have included steroid injection to the right shoulder on 12/1/2014 with relief for a few days; medication management; and rest from work. The progress notes of 4/16/2015 noted reports of worsening pain in the right shoulder causing difficulty with sleep and activities. Objective findings were noted to include decreased and painful range-of-motion with mild weakness and exquisite tenderness in the right shoulder/joint. The physician's requests for treatments were noted to include a transcutaneous electrical nerve stimulation unit with supplies; rental of a deep vein thrombosis compression pump; post-operative acupuncture; and non-emergency transportation to and from surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit plus 5 months supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that TENS is "recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery." Within the documentation available for review, while there is support for the use of TENS after surgery for 30 days, the request exceeds the duration recommended by the guidelines and, unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested TENS is not medically necessary.

Post-op DVT Compression pump w/ sleeves 2-4 week rental: 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), Shoulder chapter- Venous thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Venous Thrombosis and Compression Garments.

Decision rationale: Regarding the request for DVT compression pump, ACOEM and CA MTUS do not address the issue. ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. ODG goes on to state that DVT risk is very low in uncomplicated shoulder surgeries. Within the medical information made available for review, there is no indication that patient is at a high risk of developing venous thrombosis after shoulder surgery. In the absence of such documentation, the currently requested DVT compression pump is not medically necessary.

Post-op Acupuncture - 2 x week for 6 weeks Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, Acupuncture guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported

when there is ongoing evidence of functional improvement. Within the documentation available for review, while a trial of acupuncture may be appropriate, the current request exceeds the 6-visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

Non-emergency transportation (Transportation to and from surgery) Qty: 1: 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), Knee chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California: Nonemergency Medical Transportation http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm.

Decision rationale: Regarding the request for transportation, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation is appropriate when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested transportation is not medically necessary.