

<b>Case Number:</b>	CM15-0011101		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Emergency 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 27-year-old female, who sustained an industrial injury on 4/12/13. The injured worker has complaints of aching pain daily in her right arm, wrist and shoulder. She has slight discomfort on palpation of posterior right shoulder and shoulder blade and trapezius. The diagnoses have included cervical radiculitis; shoulder impingement/bursitis; shoulder sprain/strain rotator cuff and cervical myofascial sprain/strain. Treatment to date has included ice/heat to areas of discomfort as needed; home exercise program and over-the-counter non-steroidal anti-inflammatory drugs and analgesics as needed. According to the utilization review performed on 1/7/15, the requested Chiropractic therapy 3x4 for right upper extremity and cervical spine and TENS unit for purchase for right shoulder and lower back has been non-certified. California Medical Treatment Utilization Schedule (MTUS) Chronic intractable pain was used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 3x4 for right upper extremity and cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Pages 58-59 Page(s): 58-59.

**Decision rationale:** The requested Chiropractic therapy 3x4 for right upper extremity and cervical spine is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has aching pain daily in her right arm, wrist and shoulder. She has slight discomfort on palpation of posterior right shoulder and shoulder blade and trapezius. The treating physician has not documented sufficient current functional deficits nor exam findings to establish the medical necessity for this therapeutic intervention. The criteria noted above not having been met, Chiropractic therapy 3x4 for right upper extremity and cervical spine is not medically necessary.

**TENS unit for purchase for right shoulder and lower back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116 Page(s): 114-116.

**Decision rationale:** The requested TENS unit for purchase for right shoulder and lower back, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The injured worker has aching pain daily in her right arm, wrist and shoulder. She has slight discomfort on palpation of posterior right shoulder and shoulder blade and trapezius. The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist. The criteria noted above not having been met, TENS unit for purchase for right shoulder and lower back is not medically necessary.