

<b>Case Number:</b>	CM15-0131335		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Massachusetts

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:

This 47 year old female sustained an industrial injury to the left shoulder and neck on 9/10/12. Previous treatment included left shoulder arthroscopy with subacromial decompression and Mumford procedure (5/8/13), physical therapy, chiropractic therapy and medications. The total number of previous chiropractic therapy sessions was unclear. In a PR-2 dated 6/9/15, the injured worker complained of ongoing left trapezius pain with spasms and increased trapezius tightness and some left sided cervical spine pain associated with left upper extremity numbness and headaches. Physical exam was remarkable for cervical spine with tenderness to palpation at the left trapezius and rhomboids with muscle spasms. The physician noted that cervical spine magnetic resonance imaging showed a reversal of lordosis secondary to muscle spasms. Current diagnoses included impingement syndrome associated with superior labral tear, requesting authorization for chiropractic therapy twice a week for four weeks for the left trapezius, requesting a home interferential unit and considering a trial of acupuncture if no improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic sessions 2 x 4 for the left trapezius: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter; Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The claimant sustained a left shoulder injury to September 2012 and underwent arthroscopic surgery in May 2013. When seen, she was having ongoing left cervical and trapezius pain and left upper extremity numbness and headaches. Physical examination findings included cervical spine tenderness with trapezius and rhomboid muscle spasms. There was reversal of the cervical lordosis secondary to muscle spasms. Medications were prescribed. Authorization for chiropractic care and an H-wave interferential unit for home use was requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and not medically necessary.

**H-Wave IF unit for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Transcutaneous electrotherapy, (2) H-wave stimulation (HWT) Page(s): 117, 114-121.

**Decision rationale:** The claimant sustained a left shoulder injury to September 2012 and underwent arthroscopic surgery in May 2013. When seen, she was having ongoing left cervical and trapezius pain and left upper extremity numbness and headaches. Physical examination findings included cervical spine tenderness with trapezius and rhomboid muscle spasms. There was reversal of the cervical lordosis secondary to muscle spasms. Medications were prescribed. Authorization for chiropractic care and an H-wave interferential unit for home use was requested. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In terms of an H-wave unit, use is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option. In this case, the claimant has not undergone a home-based trial of either interferential or H-wave stimulation. The requested unit for indefinite home use is not medically necessary.