

Case Number:	CM15-0164001		
Date Assigned:	09/01/2015	Date of Injury:	06/05/2010
Decision Date:	09/30/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	08/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 36 year old female, who sustained an industrial injury on 6-05-2010. The injured worker was diagnosed as having impingement syndrome, acromioclavicular joint involvement with bicipital tendinitis with magnetic resonance imaging showing tendinosis and adhesive capsulitis, and due to chronic pain and inactivity, weight gain, sleep disorder, and depression. Treatment to date has included diagnostics, physical therapy, injections, ice, rest, and medications. Urine toxicology (4-2015) was inconsistent with prescribed medications. Currently, the injured worker complains of right shoulder symptoms. She also described numbness and tingling with toughness along the hand. It was documented that she had a hot and cold wrap, as well as a two lead transcutaneous electrical nerve stimulation unit. She requested something stronger. She had motion loss, inability to sleep on that arm, and limitation with reaching overhead activities. She was not working or doing household chores. She had issues with sleep, stress and depression. The treatment plan included a four lead transcutaneous electrical nerve stimulation unit with conductive garment, x-ray of the right shoulder for calcific lesion, and hot-cold wrap. She reported that she did not have a wrap. Medication recommendations included Nalfon, Protonix, Lunesta, Effexor XR, Tramadol ER, and Flexeril. It was documented that Norco was available from another claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and cold wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 43-49, pages 253-278.

Decision rationale: While the literature is limited, the ACOEM Guidelines in general support the use of heat and cold packs before and after exercise if it improves the worker's function. The submitted and reviewed records indicated the worker was experiencing right shoulder and elbow discomfort with hand numbness and tingling. There was no discussion detailing how the worker would benefit from this therapy, describing improved function with its use on a trial basis, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a hot and cold wrap is not medically necessary.

Four lead transcutaneous electrical stimulation unit (conductive garment) rental/purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. A garment is sometimes used to direct the electricity to certain areas of the body. There was no discussion indicating any of the conditions or situations described above, detailing the results of the one-month TENS trial or the circumstances under which it was done, or describing short- and long-term therapy goals. Further, these records report the worker had a two-lead TENS unit, did not suggest the result of treatment with this unit, and did not describe special circumstances sufficiently supporting this request. In the absence of such evidence, the current request for the unspecified purchase or rental of a four-lead TENS with conductive garment is not medically necessary.

X-ray A/P for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-219.

Decision rationale: The ACOEM Guidelines support the use of x-rays for repeated shoulder dislocations, to confirm the diagnosis of partial rotator cuff tears if necessary, and to evaluate the possible presence of a tumor or infection involving the shoulder bones if "red flags" are present. X-rays are not recommended for typical cases of shoulder impingement syndromes because these cases are managed in the same way, regardless of x-ray findings. The submitted and reviewed documentation indicated the worker was experiencing right shoulder and elbow discomfort with hand numbness and tingling. There was no discussion suggesting any of the above conditions or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for right shoulder A/P x-rays is not medically necessary.