

Case Number:	CM15-0184781		
Date Assigned:	09/25/2015	Date of Injury:	03/12/2013
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 is a 45 year old male with a date of injury of March 12, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for left rotator cuff syndrome, left shoulder sprain, and right shoulder sprain, and a history of paraplegia with use of a wheelchair. Medical records dated July 16, 2015, indicate that the injured worker complains of ongoing left shoulder pain. A progress note dated August 27, 2015, notes subjective complaints of ongoing pain and cramps in the left shoulder, and numbness in the left thumb. Per the treating physician (July 16, 2015), the employee has returned to work. The physical exam dated July 16, 2015, reveals tenderness of the left anterior shoulder, full range of motion, positive left Arc test, and positive left supraspinatus and empty can. The progress note dated August 27, 2015, documented a physical examination that showed no changes since the examination conducted on July 16, 2015. Treatment has included medications (tramadol since at least December of 2014), physical therapy since December of 2014, and magnetic resonance imaging of the shoulder (June 13, 2014) that showed a partial tear along the bursal surface side of the leading edge of the supraspinatus tendon insertion, underlying tendinopathy of the supraspinatus, infraspinatus, and subscapularis tendons, and moderate hypertrophic degenerative changes of the acromioclavicular joint indenting the myotendinous junction of the supraspinatus. The original Utilization Review (September 4, 2015) non-certified a request for three home wheelchair ramps, indefinite transportation to minimize the need to transfer in/out of his car, and a three month supply of transcutaneous electrical nerve stimulator unit pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home wheelchair ramps QTY 3: 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 & Leg (updated 7/10/2015) Wheelchair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Wheelchair.

Decision rationale: The CA MTUS is silent concerning wheelchairs; however, the cited ODG recommends manual wheelchairs for injured workers that require and will use a wheelchair, to move within their residence, and it is prescribed by a physician. In this case, the injured worker has a long-term history of paraplegia since 1993, predating the current industrial injury (March 12, 2013) that is under treatment. Nowhere within the treating provider's documentation is there sufficient clinical information defining the injured worker's wheelchair requirement due to previous industrial injury. Therefore, the request for three home wheelchair ramps is not medically necessary or appropriate at this time.

Transportation to minimize the need to transfer in/out of his car (indefinitely): 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 & Leg (updated 7/10/2015) Wheelchair.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (Acute & Chronic), Wheelchair ODG Knee & Leg (Acute & Chronic), Transportation (to & from appointments).

Decision rationale: The CA MTUS is silent concerning wheelchairs; however, the cited ODG recommends manual wheelchairs for injured workers that require and will use a wheelchair, to move within their residence, and it is prescribed by a physician. Furthermore, transportation is recommended for medically-necessary transport to appointments in the same community for injured workers with disabilities preventing them from self-transport. In this case, the injured worker has a long-term history of paraplegia since 1993, predating the current industrial injury (March 12, 2013) that is under treatment. Nowhere within the treating provider's documentation is there sufficient clinical information defining the injured worker's wheelchair requirement due to previous industrial injury. However, notes from August 18, 2015, state that prior to his current shoulder injury, he had a high level of functioning of range of motion and strength, which allowed him to transfer to vehicles and drive with hand controls. Injured worker now unable to get in certain vehicles, requiring electric chair, which cannot be transported in his vehicle. Although it may be reasonable for transport to medically-necessary appointments, the request for transportation to minimize the need to transfer in/out of his car (indefinitely) is not medically necessary or appropriate based on the cited guidelines and available medical information.

TENS unit pads (three months supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), TENS (transcutaneous electrical nerve stimulation).

Decision rationale: According to the cited CA MTUS, transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality. However, it may be used as a noninvasive conservative adjunct for an evidence-based functional restoration program during a one-month home-based TENS trial, but the recommendation is not specific for the shoulder. The ODG further recommends TENS for post-stroke to improve passive humeral lateral rotation, but there is limited evidence to determine if the treatment improves pain. However, ODG states that for other shoulder conditions, TENS units are not supported by high quality medical studies. Therefore, based on the working diagnoses and the cited guidelines, the request for a TENS unit pads (three months supply) is not medically necessary or appropriate.