

<b>Case Number:</b>	CM15-0190137		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 10-16-13. The injured worker was diagnosed as having rotator cuff syndrome; contusion of wrist; sprain shoulder-arm NOS; carpal tunnel syndrome; rotator cuff rupture' sprain of hand; adhesive capsulitis shoulder; shoulder region disease NEC; joint pain-forearm. Treatment to date has included physical therapy; trigger point injection (8-7-15); medications. Diagnostics studies included MRI cervical spine (9-8-15). Currently, the PR-2 notes dated 7-17-15 indicated the injured worker complains of right shoulder pain. Pain is described as throbbing, pins and needles, tingling and numbness, 5 a scale of 0 to 10. Pain is constant, brought on with repetitive moving, pulling, reaching, pushing, lifting, and better with her medications, resting, massaging, and the injection. She was able to do more exercises following the injection. Currently on Ultracet, Nortriptyline, Omeprazole, Neurotin, Ibuprofen and the Celebrex. No allergies, not in any active therapy and she is doing modified duty. He documents a physical examination: "There is tenderness to palpation over the right AC joint and over the superolateral aspect of the shoulder. There is tenderness with trigger points felt over the right trapezius musculature, less over the left. Impingement test is positive. Stress testing of the anterior and posterior capsular structures reveals no evidence of shoulder instability or apprehension. There is a negative sulcus sign." Sensory examination notes bilaterally intact at all nerve distributions. Motor strength is normal bilaterally. He notes the injured worker "has had improvement with the right subacromial and subdeltoid steroid injection and she was able to do more exercises. It is reflected in improved range of motion of the shoulder". He is requesting she go back to physical therapy and would

like her to try a TENS unit and have a home unit. A Utilization Review letter is dated 8-31-15 and non-certification was for DME Purchase of Right Wrist Splint and DME Rental TENS Unit for 30 Day Trial. A request for authorization has been received for DME Purchase of Right Wrist Splint and DME Rental TENS Unit for 30 Day Trial.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **DME Purchase of Right Wrist Splint: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The injured worker sustained a work related injury on 10-16-13. The medical records provided indicate the diagnosis of rotator cuff syndrome; contusion of wrist; sprain shoulder-arm NOS; carpal tunnel syndrome; rotator cuff rupture' sprain of hand; adhesive capsulitis shoulder; shoulder region disease NEC; joint pain-forearm. Treatment to date has included physical therapy; trigger point injection (8-7-15); medications. The medical records provided for review do not indicate a medical necessity for DME Purchase of Right Wrist Splint. The history did not make mention of wrist, neither was there a wrist examination. The MTUS recommends that the management of the injured worker be based on information from thorough history, physical and diagnosis. Therefore, the requested treatment is not medically necessary.

#### **DME Rental TENS Unit for 30 Day Trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The injured worker sustained a work related injury on 10-16-13. The medical records provided indicate the diagnosis of rotator cuff syndrome; contusion of wrist; sprain shoulder-arm NOS; carpal tunnel syndrome; rotator cuff rupture' sprain of hand; adhesive capsulitis shoulder; shoulder region disease NEC; joint pain-forearm. Treatment to date has included physical therapy; trigger point injection (8-7-15); medications. The medical records provided for review do not indicate a medical necessity for DME Rental TENS Unit for 30 Day Trial. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment

of Neuropathic pain: Phantom limb pain and CRPS II; and Spasticity. The medical records indicate a 30 day trial of TENS unit was made after about a year of no physical therapy. Although it was order alongside with physical therapy, the MTUS recommends it be used as an adjunct to a functional restoration. Therefore, the requested treatment is not medically necessary.