

<b>Case Number:</b>	CM15-0191156		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	06/12/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: New York, West Virginia, Pennsylvania  
 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 58 year old male, who sustained an industrial injury on 6-12-15. The injured worker is being treated for right type 2 SLAP lesion with impingement and resolved right upper extremity cervical radiculopathy. MR Arthrogram of right shoulder performed on 6-17-15 revealed osteoarthritic changes of the acromioclavicular joint, mild supraspinatus, infraspinatus and subscapularis tendinopathy and tear of the anterior superior labrum extending posteriorly. Treatment to date has included physical therapy, Aleve and activity modifications. On 9-1-15 the injured worker complained of intermittent pain with numbness and loss of sensation of neck rated 4 out of 10, occasional aching, burning, stiff pain in low back rated 3 out of 10, frequent to constant aching, throbbing, stiff pain in right shoulder with numbness of the right shoulder rated 8 out of 10 and occasional aching, stiff pain in left shoulder rated 3 out of 10. On 9-9-15, the injured worker complains of throbbing, moderate, constant pain in right shoulder and neck, which is worse with use of the right arm and improved with rest and not using the arm. He is awaiting arthroscopic repair of labral tear. Work status is noted to be modified duty. Physical exam performed on 9-1-15 revealed minimal tenderness of cervicothoracic spine and lumbar spine paravertebral muscles bilaterally with minimal to slight tenderness of both shoulders, left greater than right and normal gait. On physical exam 9-9-15 revealed tenderness to palpation over the acromioclavicular joint and laterally over the deltoid with slightly restricted range of motion of right shoulder and significantly positive Neer's Hawkins and horizontal cross arm adduction test. On 9-10-15 a request for authorization was submitted for custom LSO brace, (TESN) unit 30 day trial and 8 chiropractic treatments.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Custom LSO Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** Guidelines do not recommend lumbar supports in preventing back pain. Proper lifting techniques and general conditioning should be emphasized. In this case, the patient was diagnosed with lumbar spine strain. The request for 1 custom LSO brace is not supported by guideline criteria and is not medically necessary.

**30 Day Trial with TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** Guidelines do not support TENS as a primary treatment modality and reserves its use for one month home based trial in patients with neuropathic pain and if used along with an adjunct program of functional restoration. In this case, there are no documented neuropathic pain findings or indications for a 30 day trial of a TENS unit. The request for a TENS unit trial is not medically necessary.

**8 Sessions of Chiropractic Therapy (Chiropractic Manipulation, Manual Therapy, Electrical Stimulation, x2 Therapeutic Exercises):** 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): Manual therapy & manipulation.

**Decision rationale:** Guidelines recommend chiropractic treatments for chronic pain if caused by musculoskeletal conditions. A trial of 6 visits is recommended to ascertain if functional improvement can be achieved. Guidelines also support therapeutic exercises. However, electrical stimulation is not recommended, as there is no evidence of stroke. The request for 8 sessions of chiropractic therapy (manipulation, therapy and stimulation) is not medically necessary.