

Case Number:	CM15-0197551		
Date Assigned:	10/13/2015	Date of Injury:	09/23/2013
Decision Date:	11/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/07/2015

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:

The injured worker is a 38 year old female, who sustained an industrial-work injury on 9-23-13. She reported initial complaints of shoulder pain. The injured worker was diagnosed as having shoulder and upper arm sprain-strain, left shoulder adhesive capsulitis, rotator cuff syndrome, and pain in joint, shoulder region. Treatment to date has included medication, diagnostics, surgery arthroscopy, subacromial bursectomy, left shoulder and manipulation under anesthesia, left shoulder. Currently, the injured worker complains of chronic progressive pain in the right shoulder, rated 4.5 out of 10 with medication and 8 out of 10 without medication. There is also pain in the neck, upper back, arms, and bilateral hands. Pain was also reported to the left shoulder also due to over usage. Per the primary physician's progress report (PR-2) on 8-11 -15, exam revealed restricted range of motion for the right shoulder that is limited by pain, positive Hawkin's test, Neer's test, and shoulder crossover, limited motor exam due to pain at shoulder abduction. The Request for Authorization requested service to include DME; H-wave to address pain complaints and avoid escalation of medication related to bilateral shoulder injury, rental or purchase, not specified, as outpatient. The Utilization Review on 10-6-15 denied the request for DME; H-wave to address pain complaints and avoid escalation of medication related to bilateral shoulder injury, rental or purchase, not specified, as outpatient, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Shoulder Complaints, 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; H-wave to address pain complaints and avoid escalation of medication related to bilateral shoulder injury, rental or purchase, not specified, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: The claimant sustained a work injury to the left shoulder with the insidious onset of shoulder pain with date of injury in September 2013 after. She had recently undergone right shoulder surgery. She was diagnosed with adhesive capsulitis. She underwent arthroscopic manipulation under anesthesia in June 2014. Treatments have included medications, physical therapy, and corticosteroid injections. When seen, she had pain with medications rated at 5/10. Norco and topical Voltaren were being prescribed. She had an increased activity level. Physical examination findings included a body mass index over 31. There was decreased and painful shoulder range of motion with positive impingement and cross over tests bilaterally. There was decreased shoulder strength limited by pain. There was bilateral deltoid muscle atrophy. There was decreased sensation. Authorization was requested for acupuncture treatments and an H-wave unit for pain and to avoid medication escalation. H-wave stimulation is not recommended as an isolated intervention. Guidelines recommend that a one-month home-based trial may be considered as a noninvasive conservative option following failure of initially recommended conservative care, including recommended physical therapy, medications, and transcutaneous electrical nerve stimulation (TENS). In this case, the claimant has not undergone a home-based trial of H-wave stimulation and there is no failure of TENS. The requested H-wave unit is not medically necessary.