MAXIMUS Federal Services

Case Number:	CM15-0198346		
Date Assigned:	10/13/2015	Date of Injury:	05/19/2015
Decision Date:	12/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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
Certification(s)/Specialty: Anesthesiology

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 60 year old female, who sustained an industrial injury on May 19, 2015. She reported low back pain, left shoulder pain and neck pain radiating to the left upper extremity. The injured worker was diagnosed as having cervical spine musculoligamentous sprain and strain with left upper extremity radiculiitis, lumbar spine musculoligamentous sprain and strain with bilateral sacroiliac joint sprain and left shoulder musculoligamentous sprain and strain with impingement syndrome. Treatment to date has included diagnostic studies, physical therapy without benefit, medications and injections. On August 25, 2015, the injured worker complained of low back pain, left shoulder pain and neck pain radiating to the left upper extremity. Physical examination of the left shoulder revealed tenderness to palpation. Acromioclavicular crepitus was present. Impingement test and cross arm test were positive. Active range of motion was flexion 156 degrees, extension 38 degrees, abduction 152 degrees, adduction 40 degrees, internal rotation 65 degrees and external rotation 60 degrees. Tenderness to palpation was noted over the cervical and lumbar spine. The treatment plan included chiropractic care, interferential home unit, LSO brace, left shoulder exercise kit, moist heat pack, diagnostic ultrasound study of left shoulder, MRI of cervical spine and EMG-nerve conduction velocity studies of left upper extremity. On September 10, 2015, utilization review denied a request for interferential home unit, LSO brace, left shoulder exercise kit and diagnostic ultrasound study of the left shoulder. A request for moist heat pack was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Home Unit: 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): Electrical stimulators (E-stim). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Interferential Therapy.

Decision rationale: According to MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. This therapy is possibly appropriate for: pain ineffectively controlled due to diminished effectiveness of medications; significant pain from post-operative conditions limiting the ability to perform exercise programs or physical therapy (PT); or unresponsive to conservative treatment. The process involves paired electrodes of two independent circuits carrying differing medium frequency alternating currents so that current flowing between each pair intersects at the underlying target. ICS works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). There is no specific indication for this treatment modality. Medical necessity for the requested home unit has not been established. The requested unit is not medically necessary.

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): Inital Care.

Decision rationale: According to the ACOEM guidelines, lumbar binders, corsets, or support belts are not recommended as treatment for low back pain. The guidelines state that the use of back-belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. In addition, the guidelines do not recommend lumbar braces for treatment of low back pain. Medical necessity for this item has not been established. Therefore, the lumbar brace is not medically necessary.

Left Shoulder Exercise Kit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Exercise program.

Decision rationale: According to the ODG, exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. Home exercise programs are usually designed without the need for specialized equipment. In this case, there is no documentation of specific equipment necessary for home exercise. Medical necessity for the requested home exercise kit has not been established. The requested item is not medically necessary.

Diagnostic Ultrasound Study of the Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Ultrasound, Diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ultrasound, diagnostic of the shoulder.

Decision rationale: According to the ODG, the results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. Ultrasound is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation. Its accuracy for operatively treated shoulders appears to be comparable with that previously reported for shoulders that had not been operated on. The rotator cuff and its environment can be imaged in many ways. In the hands of a few skilled sonographers, shoulder ultrasound has achieved remarkable success and accuracy. In this case, there are no abnormal radiographic findings submitted for review. Medical necessity for the requested ultrasound study has not been established. The requested study is not medically necessary.