

Case Number:	CM15-0199358		
Date Assigned:	10/14/2015	Date of Injury:	09/01/2013
Decision Date:	11/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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
 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 (age unavailable) male with an industrial injury date of 06-01-2013. Medical record review indicates he is being treated for left shoulder pain. Subjective complaints (07-15-2015) included left shoulder pain. His pain is rated as "baseline about 5, maximum is a 10." Other complaints included he was unable to sleep at night. Prior treatments are not indicated. Physical exam (07-15-2015) findings included "a very prominent acromioclavicular joint" with tenderness over the acromioclavicular joint and biceps. "He elevates to about 150, abducts to 70, externally rotates to 20 and he internally rotates to mid lumbar spine." The treating physician noted the injured worker could belly press and lift-off, "albeit painful and he has painful rotation." Hoffman's sign was negative, reflexes were symmetric, brachial pulses were normal and there was "fairly significant scapula thoracic dyssynchrony." The treating physician documented "We did get radiographs, two views of the left shoulder." "He has concentric glenohumeral arthritis with a large inferior osteophyte and loose body." The treatment note dated 07-15-2015 and the request for authorization dated 09-14-2015 were the only records available for review. The treating physician recommended a total shoulder replacement. The treatment request is for TENS unit - Electrodes for purchase and DVT lite for home use Qty: of 2 (purchase). On 09-30-2015 the request for TENS unit - Electrodes for purchase and DVT lite for home use Qty: of 2 (purchase) was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit/Electrodes for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested TENS unit/Electrodes for purchase is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has left shoulder pain. His pain is rated as "baseline about 5, maximum is a 10." Other complaints included he was unable to sleep at night. Prior treatments are not indicated. Physical exam (07-15-2015) findings included "a very prominent acromioclavicular joint" with tenderness over the acromioclavicular joint and biceps. "He elevates to about 150, abducts to 70, externally rotates to 20 and he internally rotates to mid lumbar spine." The treating physician noted the injured worker could belly press and lift-off, "albeit painful and he has painful rotation." Hoffman's sign was negative, reflexes were symmetric, brachial pulses were normal and there was "fairly significant scapula thoracic dyssynchrony." The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit/Electrodes for purchase is not medically necessary.

DVT lite for home use Qty: of 2 purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

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

Decision rationale: The requested DVT lite for home use Qty: of 2 purchase is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines, Shoulder (Acute & Chronic), Venous Thrombosis, noted: "Recommend monitoring risk of perioperative thromboembolic complications in both the acute and subacute postoperative periods for possible treatment, and identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. In the shoulder, risk is lower than in the knee and depends on: (1) invasiveness of the surgery (uncomplicated shoulder arthroscopy would be low risk but arthroplasty would be higher risk);

(2) the postoperative immobilization period; & (3) use of central venous catheters. Upper extremity deep vein thrombosis (UEDVT) may go undetected since the problem is generally asymptomatic. The incidence of UEDVT is much less than that of the lower extremity DVT possibly because: (a) fewer, smaller valves are present in the veins of the upper extremity, (b) bedridden patients generally have less cessation of arm movements as compared to leg movements, (c) less hydrostatic pressure in the arms, & (d) increased fibrinolytic activity that has been seen in the endothelium of the upper arm as compared to the lower arm." The injured worker has left shoulder pain. His pain is rated as "baseline about 5, maximum is a 10." Other complaints included he was unable to sleep at night. Prior treatments are not indicated. Physical exam (07-15-2015) findings included "a very prominent acromioclavicular joint" with tenderness over the acromioclavicular joint and biceps. "He elevates to about 150, abducts to 70, externally rotates to 20 and he internally rotates to mid lumbar spine." The treating physician noted the injured worker could belly press and lift-off, "albeit painful and he has painful rotation." Hoffman's sign was negative, reflexes were symmetric, brachial pulses were normal and there was "fairly significant scapula thoracic dyssynchrony." DVT prophylaxis is not guideline supported for shoulder arthroscopy and the treating physician has not documented that the injured worker would not be able to ambulate after the procedure, and the treating physician has not documented that the injured worker has high-risk thrombosis factors. The criteria noted above not having been met, DVT lite for home use Qty: of 2 purchase is not medically necessary.