

Case Number:	CM15-0204993		
Date Assigned:	10/21/2015	Date of Injury:	06/05/2015
Decision Date:	12/07/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 46 year old female, who sustained an industrial injury on 6-5-2015. The injured worker is undergoing treatment for shoulder strain, right shoulder rotator cuff syndrome, radiculopathy. On 8-19-15, she reported right arm pain rated 3 out of 10 with medications and 7 out of 10 without medications. Objective findings revealed decreased right shoulder range of motion, positive for rotator cuff impingement. On 9-17-15, she reported right shoulder pain rated 8 out of 10. She indicated Naproxen was making her dizzy. Objective findings are noted as no change. On 9-29-15, she reported right shoulder pain with radiation into the hand and fingers. Objective findings revealed tenderness to the right shoulder, and limited range of motion. The treatment and diagnostic testing to date has included: x-rays of the right shoulder (6-28-15), multiple physical therapy sessions, and home exercise program. Medications have included: naproxen, diclofenac. Current work status: modified. The request for authorization is for: sling and TENS for the right shoulder. The UR dated 10-9-2015: non-certified the request for a right shoulder sling and TENS for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS of right shoulder: Overturned

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): Transcutaneous electrotherapy.

Decision rationale: TENS of right shoulder is not medically necessary. Page 114 of MTUS states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended with home exercise program. Therefore, the requested equipment is not medically necessary.

Sling for right shoulder: Upheld

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

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

Decision rationale: Sling for right shoulder is not medically necessary. Per MTUS guidelines, shoulder sling have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The claimant's injury occurred on 06/05/2015. The physical exam has remained unchanged and there is lack of documentation of an acute injury or exacerbation; therefore, the requested service is not medically necessary.