MAXIMUS Federal Services

Case Number:	CM15-0207847		
Date Assigned:	10/26/2015	Date of Injury:	12/27/2013
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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 49 year old male who sustained an industrial injury on 12-27-2013. A review of the medical records indicated that the injured worker is undergoing treatment for unspecified myalgia and myositis, chronic pain syndrome of the lower back, sprain and strain right shoulder and upper extremity and brachial neuritis or radiculitis. The injured worker is status post lumbar (2004) and cervical (2003) fusions and left shoulder rotator cuff repair (2005) all prior to the current date of injury. According to the treating physician's progress report on 09-10-2015, the injured worker continues to experience right shoulder, right elbow and right hand pain rated at 8 out of 10 on the pain scale. Examination of the right shoulder demonstrated tenderness to palpation of the anterior, acromioclavicular joint and deltoid areas with decreased motor strength. Range of motion was noted as flexion at 130 degrees, extension at 25 degrees, abduction at 95 degrees, adduction at 35 degrees and internal and external rotation at 0 degrees each. X-rays of the right shoulder, right elbow, right hand and wrist performed on 02-10-2014, bilateral magnetic resonance imaging (MRI) studies of the shoulders, elbows, wrists performed on 03-17-2014 along with anatomical impairment measurements and cervical spine magnetic resonance imaging (MRI) performed on 04-06-2015 (official reports) were included in the review. Prior treatments have included diagnostic testing, multiple consultations with neurosurgeons, orthopedic surgeons and pain management, physical therapy, home exercise program, left shoulder subacromial steroid injections and medications. Current medications were not listed in the 09-10-2015 report. The progress report on 08-18-2015 noted Norco was being used. Treatment plan consists of urine drug screening, pending shoulder surgery authorization

and the current retrospective request for one Interferential (IF) unit (DOS: 9-10-2015), retrospective request for unknown batteries (DOS: 9-10-2015) and retrospective request for unknown electrodes (DOS: 9-10-2015). On 10-14-2015 the Utilization Review determined the retrospective requests for one Interferential (IF) unit (DOS: 9-10-2015), unknown batteries (DOS: 9-10-2015) and unknown electrodes (DOS: 9-10-2015) were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective one Interferential (IF) unit (DOS 9/10/2015): 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): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in December 2013 when he had shoulder and arm pain and finger numbness when breaking cement with a jackhammer and picking up cement bags. He was seen for an initial evaluation by the requesting provider on 01/15/15. His injury had occurred when one of the cement bags slipped from his hands and he grabbed it while it was in the air. He was having persistent right-sided neck and right shoulder pain with pain rated at 9/10. Associated symptoms included cramping of the hands and numbness, tingling, and burning throughout his entire arm. He had persistent swelling. He was dropping objects with his right hand. Physical examination findings included right upper trapezius muscle spasms with tenderness. There was limited range of motion. He had decreased right ulnar distribution sensation. There was right shoulder, trapezius, and rhomboid tenderness. Follow-up was planned in 4-6 weeks. On 02/04/15 a request was submitted for an interferential unit with supplies, set up, and delivery. On 09/10/15, he was having constant right shoulder, elbow, and hand pain rated at 8/10. Right shoulder surgery was being requested. Physical examination findings included a body mass index of 29.5. There was anterior right shoulder tenderness with decreased range of motion. He had acromioclavicular joint tenderness. There was decreased strength. A TENS unit was dispensed. An interferential unit, electrodes, and batteries are being requested. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, there is no documented trial of home based interferential stimulation use. It is unclear whether the claimant already has a unit as it was requested in February 2015 more than 2 weeks after the initial visit and without mention of it in the initial plan and without interim follow-up prior to or at the time of the request. In September 2015 a TENS unit was dispensed, also without evidence of a home based trial of use. For any of these reasons, the request for a unit, electrodes, and batteries is not considered medically necessary.

Retrospective unknown electrodes (DOS 9/10/2015): 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): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in December 2013 when he had shoulder and arm pain and finger numbness when breaking cement with a jackhammer and picking up cement bags. He was seen for an initial evaluation by the requesting provider on 01/15/15. His injury had occurred when one of the cement bags slipped from his hands and he grabbed it while it was in the air. He was having persistent right-sided neck and right shoulder pain with pain rated at 9/10. Associated symptoms included cramping of the hands and numbness, tingling, and burning throughout his entire arm. He had persistent swelling. He was dropping objects with his right hand. Physical examination findings included right upper trapezius muscle spasms with tenderness. There was limited range of motion. He had decreased right ulnar distribution sensation. There was right shoulder, trapezius, and rhomboid tenderness. Follow-up was planned in 4-6 weeks. On 02/04/15 a request was submitted for an interferential unit with supplies, set up, and delivery. On 09/10/15, he was having constant right shoulder, elbow, and hand pain rated at 8/10. Right shoulder surgery was being requested. Physical examination findings included a body mass index of 29.5. There was anterior right shoulder tenderness with decreased range of motion. He had acromioclavicular joint tenderness. There was decreased strength. A TENS unit was dispensed. An interferential unit, electrodes, and batteries are being requested. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, there is no documented trial of home based interferential stimulation use. It is unclear whether the claimant already has a unit as it was requested in February 2015 more than 2 weeks after the initial visit and without mention of it in the initial plan and without interim follow-up prior to or at the time of the request. In September 2015 a TENS unit was dispensed, also without evidence of a home based trial of use. For any of these reasons, the request for a unit, electrodes, and batteries is not considered medically necessary.

Retrospective unknown batteries (DOS 9/10/2015): 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): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in December 2013 when he had shoulder and arm pain and finger numbness when breaking cement with a jackhammer and picking up cement bags. He was seen for an initial evaluation by the requesting provider on 01/15/15. His injury had occurred when one of the cement bags slipped from his hands and he grabbed it while it was in the air. He was having persistent right-sided neck and right shoulder

pain with pain rated at 9/10. Associated symptoms included cramping of the hands and numbness, tingling, and burning throughout his entire arm. He had persistent swelling. He was dropping objects with his right hand. Physical examination findings included right upper trapezius muscle spasms with tenderness. There was limited range of motion. He had decreased right ulnar distribution sensation. There was right shoulder, trapezius, and rhomboid tenderness. Follow-up was planned in 4-6 weeks. On 02/04/15 a request was submitted for an interferential unit with supplies, set up, and delivery. On 09/10/15, he was having constant right shoulder, elbow, and hand pain rated at 8/10. Right shoulder surgery was being requested. Physical examination findings included a body mass index of 29.5. There was anterior right shoulder tenderness with decreased range of motion. He had acromioclavicular joint tenderness. There was decreased strength. A TENS unit was dispensed. An interferential unit, electrodes, and batteries are being requested. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, there is no documented trial of home based interferential stimulation use. It is unclear whether the claimant already has a unit as it was requested in February 2015 more than 2 weeks after the initial visit and without mention of it in the initial plan and without interim follow-up prior to or at the time of the request. In September 2015 a TENS unit was dispensed, also without evidence of a home based trial of use. For any of these reasons, the request for a unit, electrodes, and batteries is not considered medically necessary.