

Case Number:	CM15-0223995		
Date Assigned:	11/20/2015	Date of Injury:	04/12/2015
Decision Date:	12/30/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/13/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 4-12-2015. The injured worker was being treated for status post contusion sprain of right shoulder- rule out rotator cuff tear and status post contusion sprain of right elbow. The injured worker (6-29-2015 and 8-3-2015) reported ongoing right shoulder pain and right elbow pain. The treating physician noted that the injured worker had received 8 sessions of physical therapy and 2 sessions of chiropractic therapy. The physical exam (6-29-2015 and 8-3-2015) revealed a drooping right shoulder, tenderness over the right periscapular region with splaying of the scapula, tenderness over the acromioclavicular joint and bicipital groove, and decreased range of motion with pain. The treating physician noted tenderness to palpation of the right elbow with decreased range of motion. The injured worker (8-26-2015) reported ongoing right shoulder pain and right elbow pain. The treating physician noted that the injured worker had received 8 sessions of physical therapy and 2 sessions of chiropractic therapy. The physical exam (8-26-2015) revealed tenderness over the right shoulder rotator cuff muscles and decreased range of motion. The treating physician noted tenderness to palpation at the lateral epicondyle and lateral extensor muscle mass of the right elbow with decreased range of motion. Per the treating physician (8-26-2015 report), the MRI of the right shoulder (6-2-2015) showed a complete tear of the supraspinatus and infraspinatus tendons with retraction. The MRI showed osteoarthritis of the acromioclavicular and glenohumeral with chondromalacia involving the labrum, subscapularis tendinosis, and joint effusion. Per the treating physician (8-26-2015 report), the MRI of the right elbow (6-3-2015) shows osteoarthritis changes and mild lateral epicondylitis. Treatment has

included physical therapy, chiropractic therapy, a home exercise program, and pain medication. Per the treating physician (8-26-2015 report), the injured worker has not returned to work. On 8-26-2015, the requested treatments included an IF4 unit (interferential unit) and paraffin bath unit. On 10-21-2015, the original utilization review non-certified a request for an IF4 unit (interferential unit) and paraffin bath unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF4 Unit (Indefinite Use): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the guidelines an IF unit is not recommended due to lack of evidence for its use. Long-term use is also not recommended. The claimant had received therapy and chiropractor sessions. If units use for several months did provide benefit. Although, additional use may be helpful, indefinite need cannot be predicted. As a result the request to purchase and IF unit is not medically necessary.

Paraffin Bath Unit (Indefinite Use): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand chapter and pg 26.

Decision rationale: According to the guidelines, Paraffin is recommended for arthritic hands when used as an adjunct to exercise. In this case, the claimant did not have arthritis. It was used for shoulder pain. Although it may be helpful, indefinite benefit cannot be predicted. Long-term use is not supported. The indefinite use of Paraffin is not medically necessary.