

Case Number:	CM15-0030976		
Date Assigned:	02/24/2015	Date of Injury:	02/22/2014
Decision Date:	04/10/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/19/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 58 year old female, who sustained an industrial injury, February 22, 2014 and September 15, 2009 through May 26, 2014. According to progress note of January 19, 2015, the injured workers chief complaint was right shoulder pain. The physical exam noted the forward flexion was 125 degrees out of 140 degrees, abduction 165 degrees out of 170 degrees, internal rotation 90 degrees, external rotation 5 out of 60 degrees, extension 5 degrees out of 50 and adduction 45 degrees out of 45 degrees. The injured worker was positive for drop arm. The MRI of the right shoulder January 9, 2015 showed postoperative changes, full thickness tear of the supraspinatus tendon, interstitial tear involving infraspinatus and subscapularis tendons, minimal subscapularis bursitis, osteoarthropathy of the acromioclavicular joint, subchondral cyst/erosion at the lateral aspect of the humeral head, globular intrasubstance increase signal noted in superior labrum on PDW images suggestive of degeneration verses partial tear and tear anterior and superior glenoid labrum was noted. The injured worker was diagnosed with right shoulder impingement syndrome, right shoulder rotator cuff tendinitis, right shoulder strain/sprain, status post right shoulder arthroscopy surgery in 2012 and May 2013 and right shoulder repair. The injured worker previously received the following treatments: physical therapy, home exercise program, Norco, MRI of the right shoulder January 9, 2015 and anti-inflammatory medication. On January 19, 2015, the primary treating physician requested authorization for one month home-based trial of TENS (transcutaneous electrical nerve stimulator) unit/supplies and initial physical therapy 2 times a week for 6 weeks for the right shoulder. February 2, 2015, the Utilization Review denied authorization for one month home-

based trial of TENS (transcutaneous electrical nerve stimulator) unit/supplies and initial physical therapy 2 times a week for 6 weeks for the right shoulder. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month home based trial of TENS unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The 2/2/15 Utilization Review letter states the 1-month home based trial of TENS unit with supplies requested on the 1/19/15 report was denied because there were no specific short- and long-term goals submitted. According to the 1/19/15 orthopedic report, the patient presents with ongoing right shoulder pain with minimal improvement. The diagnoses include right shoulder impingement syndrome; rotator cuff tendinitis; sprain; s/p right shoulder arthroscopy x2. The physician requests a TENS unit and to continue PT 2x6, and remain off work. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, for TENS, for Chronic pain, states a trial of one month may be appropriate for neuropathic pain, CRPS, phantom limb pain, spasticity in spinal cord injury, and multiple sclerosis. The records provided show the patient has nociceptive/musculoskeletal pain from shoulder rotator cuff tendinitis, sprain and impingement. There is no neuropathic pain or any of the other types of pain for which a TENS unit would be recommended. The request for 1 month home based trial of TENS unit with supplies IS NOT medically necessary.

Initial physical therapy 2xWk for 6 Wks for the right 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 (ODG), physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The 2/2/15 Utilization Review letter states the Initial physical therapy 2x week for 6 weeks for the right shoulder requested on the 1/19/15 report was denied because it was not clear why the patient cannot use or is not using exercises for her shoulder. According to the 1/19/15 orthopedic report, the patient presents with ongoing right shoulder pain with minimal improvement. The diagnoses include right shoulder impingement syndrome; rotator cuff tendinitis; sprain; s/p right shoulder arthroscopy x2. The physician requests a TENS unit and to continue PT 2x6 and remain off work. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for

various myalgias or neuralgias. The requested PT, 12 sessions will exceed the MTUS physical therapy recommendations; and the records do not document functional improvement with the physical therapy. The request for Initial physical therapy 2x week for 6 weeks for the right shoulder IS NOT medically necessary.