

Case Number:	CM15-0037378		
Date Assigned:	03/05/2015	Date of Injury:	01/06/2013
Decision Date:	04/16/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/27/2015

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 is a 47-year-old male, who sustained an industrial injury on 1/6/13. The injured worker has complaints of bilateral shoulder pain. The documentation noted that physical therapy and acupuncture have both been of great benefit. The diagnoses have included bilateral shoulder arthropathy. Magnetic Resonance Imaging (MRI) of bilateral shoulder 3/1/13 revealed right shoulder diffuse SLAP tear/arthropathy and 5mm chip fracture (old trauma) adjacent to distal clavicle and left shoulder diffuse SLAP tear/arthropathy/superior labrum tear/glenoid changes. According to the utilization review performed on 2/3/15, the requested TENS unit for home use; Eight sessions of acupuncture for the bilateral shoulders and Eight sessions of chiropractic treatment for the bilateral shoulders has been non-certified. The requested Diclofenac ER 100 mg, thirty count has been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: This patient presents with bilateral shoulder pain. The physician is requesting a TENS UNIT FOR HOME USE. The RFA from 01/26/2015 shows a request for a tens unit for home use. The patient's date of injury is from 01/06/2013 and he is currently on full duty. The MTUS guidelines pages 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-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 records do not show that the patient had trialed a TENS unit. The 01/26/2015 report does not discuss TENS unit use. While the patient may require a 30 day trial, the current request for a tens unit for home use IS NOT medically necessary.

Eight sessions of acupuncture for the bilateral shoulders: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with bilateral shoulder pain. The physician is requesting EIGHT SESSIONS OF ACUPUNCTURE FOR THE BILATERAL SHOULDERS. The RFA from 01/26/2015 shows a request for eight visits of acupuncture for the bilateral shoulders. The patient's date of injury is from 01/06/2013 and he's currently on full duty. The Acupuncture Medical Treatment Guidelines page 13 states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records do not show any acupuncture therapy reports. The 01/26/2015 report notes that the patient has trialed acupuncture therapy with "good benefit." In this case, the patient has tried acupuncture therapy in the past with reports of good benefit and the continued treatment is supported by the guidelines. The request IS medically necessary.

Eight sessions of chiropractic treatment for the bilateral shoulders: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: This patient presents with bilateral shoulder pain. The physician is requesting EIGHT SESSIONS OF CHIROPRACTIC TREATMENT FOR THE BILATERAL SHOULDERS. The RFA from 01/26/2015 shows a request for 8 sessions of Chiropractic

treatment for the bilateral shoulders. The patient's date of injury is from 01/06/2013 and he's currently on full duty. The MTUS Guidelines on Manual Therapy and Treatments pages 58 and 59 recommend this treatment for chronic pain if caused by musculoskeletal conditions. It is not recommended for the ankle, foot, forearm, wrist and hand and knee. MTUS also states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits for a total of up to 24." MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. The records do not show any chiropractic treatment reports. The 01/26/2015 report notes that the patient has received six sessions chiropractic treatment with "good benefit." In the case, continued chiropractic treatment is supported by the guidelines. The request IS medically necessary.