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| Case Number: | CM15-0042968 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 07/10/2014 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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: Preventive Medicine, Occupational Medicine

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 54-year-old female housekeeper who sustained an industrial injury on 07/10/14. Initial complaints were right shoulder pain. She has been diagnosed with right shoulder bursitis and impingement. Treatments to date include icing, home exercise program, medications, a steroid injection into the shoulder and physical therapy. Diagnostic studies (MRI) of the Right shoulder in Oct 2015 showed presence of bursitis and a grade I strain of the supraspinatus tendon. In a progress note dated 01/14/15 the patient report current complaints include right shoulder pain and weakness although she continues to work full-time. Exam showed right shoulder pain on abduction and tenderness to palpation over the anterior aspect of the glenohumoral joint line. The treating provider's plan of care was home exercise program, TENS unit, ultrasound, and chiropractic treatment. The requested treatments of TENS unit purchase and chiropractic treatments were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): Chp 3 pg 48, Chp 9 pg 203, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-27.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines, recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. However, this trial is limited to patients with either neuropathic pain, chronic regional pain syndrome, phantom limb pain, spasticity, multiple sclerosis or in the first 30 days after surgery and the unit must be used in conjunction with other treatment modalities in an overall approach to functional restoration. A meta-analysis in 2007 suggested effectiveness of this modality for chronic musculoskeletal pain but random controlled studies are needed to verify this effectiveness. The MTUS lists specific criteria for use of this treatment. These criteria have not been well documented for this patient. Specifically the patient has not been given physical therapy and/or acupuncture to control her symptoms. Presently she is functional, that is, she is able to do her activities of daily living (ADLs) so the goals of using this modality of treatment are not clear. At this point in the care of this patient medical necessity for use of TENS has not been established.

Chiropractic 3x a week for 4 weeks for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 9 Shoulder Complaints Page(s): Chp 3 pg 48-9; Chp 5 pg 86; Chp 9 pg 203, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Multiple studies have shown that manipulation is an effective therapy in acute and chronic musculoskeletal conditions. It is a passive therapy. It is important to note that many studies have shown that the longer a patient has pain the less likely passive therapy will be effective. Its use in chronic conditions, as required by the MTUS guidelines, necessitates documentation of functional improvement, that is, improvement in activities of daily living or a reduction in work restrictions. Although the MTUS does not specifically address manipulation therapy for shoulder injuries, it implies it should be an optional treatment for musculoskeletal injuries except those specifically noted to be "not recommended" (i.e. ankle, foot, forearm, wrist, knee and hand injuries). The time to produce an effect from manipulation therapy is 4-6 treatments so the MTUS recommendation is for a trial of chiropractic treatments 1-2 times per week for 2 weeks then to reassess for effectiveness of this therapy. This patient's injury occurred approximately 9 months ago so at this point it is no longer considered an acute or subacute injury

but is rather a chronic injury. Physical therapy and/or chiropractic therapy has been shown effective for this type of injury and is a realistic option for treatment. Medical necessity for use of this modality of therapy has been established but the duration should be limited to 4-6 treatment with reassessment afterwards in order to comply with the MTUS guidelines.