

Case Number:	CM15-0059122		
Date Assigned:	04/03/2015	Date of Injury:	08/23/2011
Decision Date:	05/04/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/27/2015

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: 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:

This 50 year old male sustained an industrial injury to the back and right shoulder on 8/23/11. Previous treatment included x-rays, physical therapy, transcutaneous electrical nerve stimulator unit trial and medications. In a PR-2 dated 3/24/15, the injured worker complained of ongoing low back and right shoulder pain. The injured worker reported improvement with the transcutaneous electrical nerve stimulator unit that he received last week. Physical exam was remarkable for tenderness to palpation to the paraspinal musculature, heel to toe walk within normal limits, slight loss of lumbar lordosis, limited range of motion to the right shoulder, with intact sensation and deep tendon reflexes bilaterally. Current diagnoses included thoracic spine sprain/strain, shoulder strain, chronic pain, lumbar spine sprain/strain, lumbar spine radiculopathy, insomnia and depression. The treatment plan included magnetic resonance imaging right shoulder and lumbar spine, additional ultrasound therapy, psychiatry evaluation, scheduling chiropractic therapy and continuing transcutaneous electrical nerve stimulator unit and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 148.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy Page(s): 114, 121.

Decision rationale: The claimant sustained a work-related injury in August 2011 and continues to be treated for low back and right shoulder pain. When seen, there was decreased shoulder range of motion with negative Hawkins and Speeds testing. There was improvement after one week of TENS use. Ultrasound was helping. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, the claimant has not completed a one-month trial of TENS use and therefore purchasing a TENS unit was not medically necessary.

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a work-related injury in August 2011 and continues to be treated for low back and right shoulder pain. When seen, there was decreased shoulder range of motion with negative Hawkins and Speeds testing. There was improvement after one week of TENS use. Ultrasound was helping. Indications for obtaining an MRI of the shoulder include the presence of 'red flags' such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified 'red flags' and no reported complaints or physical examination findings that suggest instability or labral pathology. Therefore, the requested shoulder MRI is not medically necessary.

Ultrasound Therapy: Upheld

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 Ultrasound, therapeutic Page(s): 123.

Decision rationale: The claimant sustained a work-related injury in August 2011 and continues to be treated for low back and right shoulder pain. When seen, there was decreased shoulder range of motion with negative Hawkins and Speeds testing. There was improvement after one

week of TENS use. Ultrasound was helping. Therapeutic ultrasound is not recommended in the treatment of chronic pain. The effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. Therefore, the additional ultrasound treatments were not medically necessary.