

Case Number:	CM14-0098495		
Date Assigned:	07/28/2014	Date of Injury:	11/07/2012
Decision Date:	10/21/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/26/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 27-year-old male who reported injury on 11/07/2012. The mechanism of injury was not provided. The injured worker's medications were noted to include Norco 10/325 mg and Terocin topical. The injured worker underwent a subacromial decompression, partial acromionectomy and arthroplasty of the AC joint as well as a bursectomy and debridement of the superior surface of the rotator cuff on 01/08/2014. Other therapies included postoperative therapy. Other medications included Mobic 15 mg and Flexeril 7.5 mg as well as Protonix 20 mg. The documentation of 05/09/2014 revealed the injured worker was complaining of slight to moderate neck pain which radiated down his upper extremities to the forearms and hands with associated numbness and tingling. The injured worker had stiffness, tightness and popping and clicking of his neck. The injured worker had severe right shoulder pain, severe right knee pain, and right ankle pain. The physical examination revealed decreased range of motion of the right shoulder with pain in elicited upon flexion and there was crepitus noted. The injured worker had decreased range of motion of the lumbar spine. The dermatomes were noted to be intact. The myotome assessment was intact. The diagnoses included thoracic spine sprain and strain, status post right shoulder arthroscopy on 01/08/2013, right shoulder impingement, rule out rotator cuff tear, lumbar sprain and strain, decreased lordosis, posterior sagittal vertical axis facet asymmetry at L4-5 and L5-S1 per x-rays, rule out herniated nucleus pulposus, right knee sprain and strain, chondromalacia, rule out internal derangement and right ankle sprain and strain. The treatment plan included acupuncture twice a week for 4 weeks to the lumbar spine and a TENS unit. The documentation indicated the injured worker should be able to utilize the TENS unit in conjunction with his home exercise program to assist in pain management. The injured worker was dispensed medications including Norco 10/325 quantity 61 every 4 to 6 hours for pain, Soma 350 mg quantity 61 every 6 to 8 hours for muscle spasm, Mobic 15 mg quantity 30 one

daily for inflammation, and Protonix 20 mg quantity 60 two pills a day to protect the stomach and prevent gastrointestinal upset and Terocin topical salicylate to take 2 tubes 120 mL each to be applied a thin layer over the affected area twice a day. The documentation dated 06/23/2014 to address the denial of acupuncture and a home TENS unit revealed this request was previously denied as there was no indication the injured worker was seeking physical rehabilitation or surgical intervention and therefore, the acupuncture was not approved. The documentation further indicated the request for a TENS unit had been denied as the guidelines revealed there were no quality evidence of the effectiveness of the TENS unit except in conjunction with recommended treatments including return to work, exercise and medications and there was limited evidence of improvement on those treatment recommendations alone. The physician documented article findings to support the use of the interventions. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for three weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3-6 treatments. The documentation indicated the injured worker would be utilizing the treatment as an adjunct to his home based exercise program. The clinical documentation submitted for review failed to indicate the injured worker was utilizing pain medication that was reduced or was not tolerated. Given the above, the request for acupuncture twice a week for three weeks is not medically necessary.

DME: TENS unit: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence other appropriate pain modalities have been trialed including medication and have failed. The clinical documentation submitted for review failed to meet the above criteria. Additionally, the

request as submitted failed to indicate whether the request was for purchase or rental of a TENS unit. Given the above, the request for DME TENS unit is not medically necessary.