

<b>Case Number:</b>	CM13-0031842		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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, Arizona

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 39-year-old male who reported an injury on 09/12/2012. The mechanism of injury was not specifically stated. The current diagnoses include cervical spine sprain, thoracic spine sprain, and left shoulder sprain with tendinosis. The injured worker presented on 08/28/2013 for an orthopedic re-evaluation. The injured worker reported complaints of upper back pain with spasm as well as left shoulder pain with numbness and tingling. Examination of the left shoulder revealed tenderness to palpation with weakness with flexion, abduction, and external rotation. The treatment recommendations at that time included a left shoulder arthroscopy. It was noted that the injured worker had failed conservative treatment including a left shoulder injection. Authorization was requested for a left shoulder arthroscopy to include intra-articular surgery and subacromial decompression. Postoperative durable medical equipment and physical therapy was recommended. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Combo Care 4-Stim and Supplies (30-day trial): 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 Page(s): 114-117.

**Decision rationale:** The California MTUS Guidelines state postoperative TENS therapy is recommended as a treatment option for acute postoperative pain in the first 30 days. The proposed necessity should be documented and rental would be preferred over purchase during a 30-day period. While it is noted that the patient is pending authorization for left shoulder surgery, the medical necessity for a combination unit has not been established in this case. There is no mention of a contraindication to a traditional TENS unit as opposed to a combination unit. Given the above, the request is not medically appropriate.

**Hot/Cold Contrast System with DVT Compression (60-day trial):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state patient's at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. In this case, there was no indication that this injured worker was at high risk of developing a DVT following surgical intervention. There was no mention of a contraindication to at home local applications of hot/cold packs as opposed to a motorized mechanical device. Given the above, the request is not medically appropriate in this case.