

Case Number:	CM14-0175752		
Date Assigned:	10/28/2014	Date of Injury:	12/26/2011
Decision Date:	01/07/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

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 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:

This patient sustained a cumulative trauma injury on 3/31/12 while employed by [REDACTED]. Request(s) under consideration include Two months of interferential (IF) unit with garment for the right shoulder, provided on 8/20/13, CTU (cold therapy unit) purchase and shoulder sling purchase. Diagnoses include s/p right shoulder arthroscopy with decompression in August 2013. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms involving the neck, right shoulder and right wrist pain. Report from the provider noted the patient with chronic neck pain radiating to the right hand, right shoulder and right wrist pain. Exam showed positive foraminal compression test; positive bilateral shoulder depression test; positive right shoulder apprehension test; and positive Phalen's testing. The request(s) for Two months of interferential (IF) unit with garment for the right shoulder, provided on 8/20/13, CTU unit (cold therapy unit) purchase and shoulder sling purchase were non-certified on 9/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two months of interferential (IF) unit with garment for the right shoulder, provided on August 20, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; Interferential Current Stimulation (ICS) Page(s): 115-118.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant use of an interferential unit for home use for this chronic 2012 injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The Two months of interferential (IF) unit with garment for the right shoulder, provided on 8/20/13 is not medically necessary and appropriate.

CTU unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, pages 909-910

Decision rationale: California MTUS Guidelines is silent on specific use of cold compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The CTU (cold therapy unit) purchase is not medically necessary and appropriate.

Shoulder sling: 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): 204-205; 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Immobilization, page 920; Shoulder Chapter, Post-operative Abduction Pillow Sling, page 933

Decision rationale: Per Guidelines, a shoulder sling may be recommended as an option following open repair of large and massive rotator cuff tears; AC separation; brief use of immobilization for severe shoulder pain up to 1-2 days; and for use less than few weeks after

initial shoulder dislocation with reduction; however, submitted reports have not adequately demonstrated any such criteria. Guidelines state that immobilization using sling with prolonged periods of rest are generally less effective than having patients maintain their usual pre-injury activities. Medical indication and necessity has not been established and criteria are not met. The shoulder sling is not medically necessity and appropriate.