

Case Number:	CM14-0217005		
Date Assigned:	01/06/2015	Date of Injury:	06/02/2014
Decision Date:	03/05/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Orthopedic Surgery, Sports 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 38-year-old male who reported an injury on 06/02/2014. The mechanism of injury reportedly occurred while he was carrying metal to a table where unfortunately the metal slipped causing his right arm to jerk forward, followed by a sharp pain to the right shoulder. His diagnoses included lumbar strain and right shoulder sprain/strain. His past treatments include 6 physical therapy visits for the shoulder, 4 physical therapy visits for the lumbar spine, work restrictions and medications. Diagnostic studies include an x-ray of the right shoulder, performed on 06/02/2014, with findings of mild deformity of the humeral head articular surface with mild widening of the superior humeral joint space loss related to joint effusion and chronic osteochondral injury; and an official MRI of the right shoulder without contrast, performed on 07/26/2014, with findings of no rotator cuff identified and the proximal biceps tendon was not visualized. The tendon was either severely attenuated or torn ill-defined soft tissue thickening in the anterior superior portion of the glenohumeral joint is nonspecific, but could represent synovitis or scarring, marked deficient superior and anterior inferior labrum consistent with chronic tears and degenerative change. Moderate acromioclavicular osteoarthritis and minimal subacromial subdeltoid bursitis. His surgical history included a right hand ligament repair, of which date the injured worker is not sure of. The injured worker presented on 11/18/2014 with complaints of occasional pain in the right shoulder described as sharp, throbbing, aching, tender, burning and shooting, along with popping, soreness, which hurts with movement. He rates the pain a 5/10. The pain also increases with gripping, circular motion, pushing, pulling, lifting, carrying, reaching and any above shoulder level activity. The

injured worker also reports on and off pain in the low back. The injured worker describes the pain as sharp and throbbing, along with stiffness. He rates the pain a 7/10. The pain also increases with sitting, standing, walking, bending, torque, pushing, pulling, lifting and carrying. The injured worker stated that he also has trouble sleeping due to pain and readjustment. Upon physical examination of the shoulders, range of motion to the right was at 95 degrees, 180 degrees to the left; extension was at 30 degrees to the right and 50 degrees to the left; abduction was at 80 degrees to the right, 180 degrees to the left; abduction was at 30 degrees to the right, 50 degrees to the left; internal rotation was at 60 degrees to the right, 90 degrees to the left; and external rotation was at 80 degrees to the right, and 90 degrees to the left. There was a healed scope incision noted on the right. There was also a healed incision at the left AC joint. There was tenderness to palpation of greater tuberosities on the right. There was tenderness of coracoid process on the right and of the acromioclavicular joint on the right. There was also subacromial grinding and clicking on the right. There was tenderness to the rotator cuff muscles on the right. There were atrophy rotator cuff muscles on the right. There was also tenderness of subacromial and subdeltoid area, on the right. Also on the right, there was tenderness at the deltoid muscles. Additionally on the right, there was tenderness at the supraspinatus and infraspinatus musculature. The injured worker also had a positive drop arm test on the right side and a positive apprehensive test on the right, along with a positive impingement test. Muscle strength testing was a 2+/5 on the right and a 5/5 on the left. Reflex testing was 2+ bilaterally in the biceps, triceps and supinator. There was no noted deformity, tenderness, crepitus or instability noted in the elbows. Upon examination of the lumbar spine, range of motion upon flexion was at 55 degrees and extension was at 20 degrees. There was a positive straight leg raise at 75 degrees bilaterally, eliciting pain in the L5-L1 dermatome distribution. His current medications are ibuprofen as needed. The treatment plan included a request for a right shoulder scope surgery, subacromial decompression, possible biceps repair. The rationale for the request was to improve the patient's functional capability and provide significant pain relief. A Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Interferential Unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Interferential Current Stimulation (ICS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Interferential current stimulation (ICS)

Decision rationale: The request for associated surgical services: interferential unit for purchase is not medically necessary. The injured worker has right shoulder pain. The Official Disability Guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments, including return to work, exercises, and limited evidence of improvement on those

recommended treatments. The documentation submitted for review did not include evidence indicating that the injured worker would be engaging in additional treatments, such as exercise for the shoulder. The documentation did however indicate that the injured worker would be prescribed physical therapy for the lumbar spine. Given the above, the request does not support the evidence based guidelines. As such, the request for associated surgical services: interferential unit for purchase is not medically necessary.