

Case Number:	CM14-0058508		
Date Assigned:	07/09/2014	Date of Injury:	10/24/2012
Decision Date:	06/26/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 10/24/12. He has reported initial complaints of left knee pain after moving a large metal item with another worker. The diagnoses have included status post left knee arthroscopy, right knee sprain/contusion, cervical sprain/strain, thoracic strain/sprain, lumbar strain/sprain, bilateral shoulder sprain/impingement, and bilateral upper extremity tenosynovitis. Treatment to date has included medications, diagnostics, activity modifications, physical therapy, extracorporeal shockwave therapy, and consultations. Currently, as per the physician progress note dated 4/9/14, the injured worker complains of bilateral shoulder pain with loss of motion, ongoing popping and clicking in the bilateral shoulders and left shoulder pain that is worsening. The pain is rated 8/10 on pain scale without medications and 4/10 with medications. He complains of ongoing knee pain which he rates 8-9/10 on pain scale with worsening bilateral elbow pain and stiffness. Physical exam reveals left shoulder tenderness to palpation, positive impingement and cross arm tests, and decreased range of motion noted. The exam of the bilateral elbows reveals tenderness over the lateral and medial epicondyles bilaterally with positive Cozen's test. The diagnostic testing that was performed included ultrasound of the bilateral shoulders dated 10/31/13 reveals bilateral rotator cuff tendinosis, bilateral acromioclavicular joint hypertrophy, and bilateral bursitis. The current medications included Voltaren, Fexmid and Flexeril. The previous therapy sessions were not noted in the records. The physician requested treatments included Left Shoulder Subacromial Injection, Bilateral Elbow Shockwave Treatment Left Side First, Fexmid 7.5mg #60 and Transcutaneous Electrical Nerve Stimulator (TENS) Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Subacromial Injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: MTUS Guidelines supports a trial of subacromial injections when there has been inadequate improvement with conservative care. It is clearly documented that this individual has ongoing impingement signs and ongoing shoulder pain despite conservative care for several months. Under these circumstances the requested left shoulder subacromial injection is medically necessary.

Bilateral Elbow Shockwave Treatment Left Side First: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: MTUS Guidelines address this request in detail and the Guidelines state that it Elbow Shock Wave Therapy is "strongly recommended against". There are no unusual circumstances to justify an exception to Guidelines recommendations. The Bilateral Elbow Shockwave Treatment Left Side First is not supported by Guidelines and is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Fexmid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines are specific in the recommendation that Fexmid be utilized only on a short term basis (up to 3 wks) and are to be avoided for long term chronic use. There are no unusual circumstances that would justify an exception to the Guideline recommendations. The Fexmid 7.5mg #60 is not supported by Guidelines and is not medically necessary.

Transcutaneous Electrical Nerve Stimulator (TENS) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Due to the questionable benefits from TENS units, MTUS Guidelines have specific recommendations before a unit is purchased for long term use. A 30 day rental and home trial is recommended with careful documentation of use patterns, benefits and impact of function and medication use. There is no documentation that this 30 day trial is planned and no documentation that this individual has been instructed in keeping track of the necessary information during a trial. Under these circumstances, the Guidelines do not support the TENS unit, it is not medically necessary.