

<b>Case Number:</b>	CM15-0110652		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	01/05/2015
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 41 year old female who sustained a work related injury January 5, 2015, to her left shoulder and right knee. Treatment included medication, physical therapy, and corticosteroid injection of the right knee. Past history included left shoulder arthroscopy subacromial decompression acromioplasty, resection of coracoacromial ligament with subacromial and subdeltoid bursectomy, intra-articular glenohumeral debridement of labral fraying, distal clavicle resection/Mumford procedure with arthroscopic repair of a full thickness 8 mm rotator cuff tear, left shoulder, April 17, 2015. According to a treating physician's progress report, dated April 29, 2015, finds the injured worker reporting good progress since the surgery. She has been maintained in a sling and examination finds well-healed portals for the left shoulder. Sutures were removed and wounds were steri-stripped. She complains of right knee pain. An MRI performed January 26, 2015, showed chondral fissure and a chondral flap tear of the lateral patellar facet with grade I sprain of the anterior cruciate ligament. Examination of the right knee revealed crepitus about the patellofemoral joint she describes as catching clicking, popping and locking on hyperextension of her right knee. Assessment is documented as left rotator cuff tear and patellofemoral chondromalacia and medial meniscal tear with multiloculated parameniscal cyst, patellofemoral arthritis and mild chondromalacia of the right knee. At issue, is the request for spinal Q (purchase), EMPI select TENS kit (purchase), EMPI electrode and 9 volt batteries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Q (purchase): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aligned on-line references.

**Decision rationale:** According to the literature, posture garments are not recommended as a treatment for shoulder pain. The Spinal Q rehabilitation jacket is a full upper body seamless garment with elastic straps designed to improve posture, reduce pain, and increase range of motion in the shoulder and spine. In this case, the patient is 1 month status post left shoulder surgery and there is no documentation that she has failed conservative care. There is no specific indication for the requested Spinal Q jacket. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**EMPI select TENS kit (purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

**Decision rationale:** According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis. In this case, there is no evidence of subjective or objective findings that indicate neuropathy or radiculopathy. Medical necessity for the requested item has not been established. The requested TENS unit with a conductive garment is not medically necessary.

**EMPI electrode 922st 2" x 2" square 4pk (purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

**Decision rationale:** The requested TENS is not considered medically necessary. There is no indication for purchase of electrodes. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Batteries 9 volt (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

**Decision rationale:** The requested TENS is not considered medically necessary. There is no indication for purchase of batteries. Medical necessity for the requested item has not been established. The requested item is not medically necessary.