MAXIMUS Federal Services

Case Number:	CM15-0170161		
Date Assigned:	09/10/2015	Date of Injury:	07/11/2011
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, Florida, 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(n) 71 year old male, who sustained an industrial injury on 7-11-11. The injured worker was diagnosed as having mild right shoulder impingement syndrome. The physical exam on 6-22-15 revealed decreased right shoulder flexion (150 degrees) and internal rotation (45 degrees). There is also a positive impingement sign. The injured worker reported experiencing a rare pain in his right shoulder and denied any clicking or popping. Treatment to date has included a TENS unit with no benefit, lumbar epidural injections, Celebrex and Omeprazole. As of the PR2 dated 7-23-15, the injured worker reports left knee, low back and right shoulder pain. He rates his pain in his right shoulder a 9 out of 10. Objective findings include decreased right shoulder flexion (150 degrees) and internal rotation (40 degrees). There is also a positive impingement sign. The treating physician requested a right shoulder MRI and an H-wave unit. On 7-23-15 the treating physician requested a Utilization Review for a right shoulder MRI and an H-wave unit. The Utilization Review dated 7-30-15, non-certified the request for a right shoulder MRI and an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

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

Decision rationale: This claimant was injured in 2011 with a mild right shoulder impingement syndrome. Treatment to date was a TENS unit with no benefit, lumbar ESI, Celebrex and Omeprazole. As of the PR2 dated 7-23-15, the injured worker reports left knee, low back and right shoulder pain. He rates his pain in his right shoulder a 9 out of 10. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is not medically necessary.

H-Wave unit: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: This claimant was injured in 2011 with a mild right shoulder impingement syndrome. Treatment to date was a TENS unit with no benefit, lumbar ESI, Celebrex and Omeprazole. As of the PR2 dated 7-23-15, the injured worker reports left knee, low back and right shoulder pain. He rates his pain in his right shoulder a 9 out of 10. The MTUS notes that TENS such as H-wave are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions. Moreover, regarding H-wave stimulation, the California MTUS Chronic Pain section further note: H-wave stimulation (HWT) Not recommended as an isolated intervention. The device may be tried if there is a chronic soft tissue inflammation if used: as an adjunct to a program of evidence-based functional restoration, only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). I was not able to verify that all criteria were met for H-wave trial. The request is not medically necessary under MTUS criteria.