

<b>Case Number:</b>	CM15-0024101		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	05/17/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 34 year old male, who sustained a work related injury on 5/17/14. The diagnoses have included shoulder pain secondary to surgery, rotator cuff sprain/strain, rotator cuff syndrome and cervicothoracic sprain/strain. Treatments to date have included right shoulder surgery, MRI right shoulder, modified work duties, chiropractic treatments. In the PR-2 dated 11/26/14, the injured worker complains of right shoulder pain. Overall pain is improved by at least 25% to 35%. He states that it is an "annoying achiness" with activity done with right shoulder. He has tenderness to palpation of right side of neck and right shoulder. He has some decreased range of motion in right shoulder. He has a "numbing ache" down right arm into forearm. His right forearm is tender to touch. On 1/27/15, Utilization Review non-certified requests for IF unit purchase for home use, Orthopedic surgical consultation for right shoulder and chiropractic treatments 2 x 4 to shoulder. The California MTUS, ACOEM Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF Unit purchase for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for right shoulder pain. Treatments have included surgery. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, the claimant uses an interferential stimulation unit with some reported decrease in pain but without evidence of functional improvement or reduction in medications that can be attributed to its use. Therefore purchase of a home interferential unit is not medically necessary.

**Orthopedic surgical consult for the right shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for right shoulder pain. Treatments have included surgery. He has ongoing shoulder pain. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing symptoms following surgical intervention. Therefore, this request was medically necessary.

**Chiropractic treatment 2 x 4 shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58-59 Page(s): 58-59.

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for right shoulder pain. Treatments have included surgery. He has ongoing shoulder pain. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions with a trial of 6 visits with treatment beyond 4-6 visits with documented objective improvement in function. In this case, the claimant has already had chiropractic treatments with no documentation of treatments producing improvement in function. Therefore the request is not medically necessary.