

Case Number:	CM15-0025531		
Date Assigned:	02/18/2015	Date of Injury:	05/05/2011
Decision Date:	05/14/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/11/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 40-year-old female who sustained an industrial injury on 5/05/11. She was struck on the head, left side of her face, neck and shoulder area, and stomach while trying to redirect a violent customer. The 10/17/13 demonstrated multilevel cervical spine degenerative disc disease. The 3/23/12 electrodiagnostic study evidence cervical radiculopathy at C5/6 and right carpal tunnel syndrome. The 10/31/14 right shoulder MRI impression documented calcific tendonitis involving the right infraspinatus tendon, minimal degenerative changes of the right acromioclavicular (AC) joint and a mildly laterally downsloping orientation of the right acromion, and trace amount of fluid in the right subacromial subdeltoid bursitis, which may represent bursitis. The 11/6/14 treating physician report cited grade 7/10 bilateral shoulder pain with numbness and tingling in the front of the shoulders. Physical exam documented right shoulder range of motion barely 50%, with exquisite tenderness over the inferior portion of the AC joint and subacromion. She demonstrated positive Neer's, crossover impingement, Apley's, and Hawkin's tests with weakness in abduction. The treatment plan requested a right shoulder corticosteroid injection and physical therapy. The 12/9/14 treating physician report cited continued right shoulder pain at night and with activity. She had not improved with conservative treatment. Physical examination documented exquisite AC joint tenderness, anterolateral acromial tenderness, and subacromial bursal tenderness. There was increased pain with flexion, adduction and internal rotation. The diagnosis was right shoulder impingement syndrome, partial right rotator cuff tear, calcific tendinitis involving the infraspinatus tendon, downsloping acromion contributing to the impingement syndrome, and chronic subacromial/subdeltoid

bursitis. The treatment plan recommended right shoulder manipulation under anesthesia, arthroscopy to include distal clavicle resection, acromioplasty, extensive debridement of the subacromial bursa, possible lysis of adhesions, and intra-articular injection. Additional requests included medical clearance with labs, EKG, and pulmonary function tests, post-operative physical therapy 2x6, and durable medical equipment including shoulder abduction pillow brace, MicroCool machine, interferential unit, TENS unit, home exercise kit, and motorized compression pump with stockings for 30 days. Post-operative medications were requested to include Keflex, Ultram, and Norco. The injured worker was working full duty. The 1/13/15 utilization review non-certified the request for a post-op TENS unit plus supplies for 5 months as the associated surgical request was deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op TENS Unit plus supplies x5 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

Decision rationale: The California MTUS guidelines recommend TENS use as a treatment option for acute post-operative pain in the first 30 days after surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Guidelines state that the proposed necessity of the unit should be documented. Guidelines have not been met. Shoulder arthroscopic surgery was requested. There is no indication that standard post-op pain management would be insufficient. There is no documentation that the patient was intolerant or unresponsive to pain medications during the pre-operative period. This request markedly exceeds guidelines recommendations for post-op TENS unit use. Therefore, this request is not medically necessary.