

<b>Case Number:</b>	CM15-0066795		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 50-year-old female who sustained an industrial injury on 10/23/2012. She reported persistent right-sided pain in her neck, right shoulder and upper extremity with numbness. The injured worker was diagnosed as having posttraumatic right thoracic outlet syndrome with right ulnar neuropathy and was authorized for right brachial plexus neurolysis. Treatment to date has included pain management and oral medications of Voltaren, Protonix and Flexeril. A Request for Authorization was submitted for Durable Medical Equipment of a Vasc Therm Rental for 30 Days and Wrap for Purchase for The Right Shoulder and TENS Unit for Purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Vasc Therm Rental for 30 Days and Wrap for Purchase for The Right Shoulder:**  
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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder chapter, continuous-flow cryotherapy.

**Decision rationale:** The patient presents with persistent right-sided pain in the right shoulder and upper extremity with numbness. The request is for DME VASC THERM RENTAL FOR 30 DAYS AND WRAP FOR PURCHASE FOR THE RIGHT SHOULDER. The provided RFA is dated 02/23/15 and the patient's date of injury is 10/23/12. The patient was diagnosed as having post traumatic right thoracic outlet syndrome with right ulnar neuropathy. The patient is status post decompression of the right brachial plexus, the date was not provided and no operative note was provided for review. Per 01/12/15 report, physical examination to the right shoulder revealed tenderness to palpation and decreased range of motion with extension limited to 50 degrees and abduction limited to 40 degrees. Hawkin's and Neer's are positive for the right shoulder. Treatment to date has included pain management. and oral medications of Voltaren, Protonix and Flexeril. The patient returned to work on modified duty, per 02/05/15 report. ODG guidelines shoulder chapter has the following regarding continuous-flow cryotherapy under shoulder: "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." Review of the provided reports show no discussion of the patient is a high risk patient of DVT. It is noted that the patient is post decompression of the right brachial plexus, but the date and operative report was not provided either. ODG guidelines support 7 days post-op use of this kind of device and the request is for 30 days with a wrap purchase. In this case, the requested 30-day rental of the DVT Prophylaxis unit is not supported by the ODG guidelines. Furthermore, DVT prophylaxis is typically reserved for post-operative conditions where the patient is bedridden which is not the case for shoulder/plexus surgery. The request IS NOT medically necessary.

**TENS Unit for Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 114-116.

**Decision rationale:** The patient presents with persistent right-sided pain in the right shoulder and upper extremity with numbness. The request is for TENS UNIT FOR PURCHASE. The provided RFA is dated 02/23/15 and the patient's date of injury is 10/23/12. The diagnoses include post traumatic right thoracic outlet syndrome with right ulnar neuropathy. The patient is status post decompression of the right brachial plexus, the date is unknown and there is no operative report provided for review. Per 01/12/15 report, physical examination to the right shoulder revealed tenderness to palpation and decreased range of motion with extension limited to 50 degrees and abduction limited to 40 degrees. Hawkin's and Neer's are positive for the right shoulder. Treatment to date has included pain management and oral medications of Voltaren, Protonix and Flexeril. The patient returned to work on modified duty, per 02/05/15 report. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with

documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Treater did not provide a reason for the request. There is no record that patient has trialed a TENS unit in the past. MTUS requires documentation of one month prior to dispensing home units. The patient presents with right ulnar neuropathy to which a trial of TENS unit would be indicated. However, the request is for a TENS unit for purchase and is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.