

<b>Case Number:</b>	CM15-0071086		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	04/02/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 is a 51 year old female, who sustained an industrial injury on 4/02/2014. Diagnoses include left shoulder sprain/strain. Treatment to date has included medications. Per the handwritten Primary Treating Physician's Progress Report dated 3/31/2015, the injured worker reported left shoulder pain. Physical examination of the left shoulder revealed no swelling, non-tender with normal range of motion. There was no sensory deficit. Strength was 4-/5 with 2+ reflexes. The plan of care included, and authorization was requested, for x-rays of the left shoulder and TENS unit for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, Radiography.

**Decision rationale:** The patient presents on 03/31/15 with unrated left shoulder pain. The patient's date of injury is 04/02/14. Patient has no documented surgical history directed at this complaint. The request is for X-ray of the left shoulder. The RFA is dated 03/31/15. Physical examination dated 03/31/15 reveals no obvious deformity, no swelling, normal range of motion, intact neurological function and normal strength of the affected extremity. The patient's current medication regimen is not provided. Diagnostic imaging included X-ray of the left shoulder dated 04/03/15, significant findings include: "Acromioclavicular joint space narrowing and spur noted..." Remaining findings are unremarkable. Patient is currently working with modifications. ODG Shoulder chapter, under Radiography states: "Recommended as indicated below. The acutely traumatized shoulder should be imaged with plain films that are orthogonal to each other. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique must be learned, so it is not always recommended. Plain radiographs should be routinely ordered for patients with chronic shoulder pain, including anteroposterior, scapular Y, and axillary views. Radiographs of the acromioclavicular joint can be difficult to interpret because osteoarthritis of this joint is common by the age of 40 to 50 years. Indications for imaging; Plain radiographs: Acute shoulder trauma, rule out fracture or dislocation. Acute shoulder trauma, questionable bursitis, blood calcium (Ca+)/approximately 3 months duration, first study." In regard to the X-ray of this patient's left shoulder, the request is appropriate. Progress notes do not indicate that this patient has undergone any diagnostic imaging of the shoulder prior to this request; which was apparently already carried out on 04/03/15. ODG supports radiographic studies to rule out fracture or dislocation in the acute phase, and indicates that such studies should be routinely ordered in patients with chronic shoulder pain. This patient's shoulder complaint has persisted for greater than 3 months, radiographic imaging is substantiated to identify any underlying pathology and improve this patient's course of care. The request is medically necessary.

**TENS unit for home use:** Upheld

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

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

**Decision rationale:** The patient presents on 03/31/15 with unrated left shoulder pain. The patient's date of injury is 04/02/14. Patient has no documented surgical history directed at this complaint. The request is for TENS unit for home use. The RFA is dated 03/31/15. Physical examination dated 03/31/15 reveals no obvious deformity, no swelling, normal range of motion, intact neurological function and normal strength of the affected extremity. The patient's current medication regimen is not provided. Diagnostic imaging included X-ray of the left shoulder dated 04/03/15, significant findings include: "Acromioclavicular joint space narrowing and spur noted..." Remaining findings are unremarkable. Patient is currently working with modifications. MTUS Chronic Pain Medical Treatment Guidelines, pg 114-121, Criteria for the use of TENS states A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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. In this case, the provider is requesting a TENS unit for this patient's chronic shoulder pain. However, there is no documentation of an intent to perform a 30-day trial or any indication that a TENS unit worked in the past. Were the request for a 30 day trial of the unit, the recommendation would be for approval. As it is not specified if this is to be a 30 day rental or a purchase, and there is no evidence of a successful 30 day trial performed previously, the request as written cannot be substantiated. Therefore, the request is not medically necessary.