

Case Number:	CM15-0098889		
Date Assigned:	06/03/2015	Date of Injury:	02/18/2006
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 49-year-old female, who sustained an industrial injury on February 18, 2006 while working in healthcare. The injury occurred when a patient fell over the injured workers left shoulder. The injured worker has been treated for neck and left shoulder complaints. The diagnoses have included posterior left shoulder girdle pain, left shoulder impingement syndrome, persistent compression neuropathy of the left upper extremity cervical degenerative disc disease, cervical sprain/strain, cervical radiculitis and left wrist carpal tunnel syndrome. The documentation notes that the injured worker had a prior industrial injury with injuries to the left hand, wrist and elbow. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, chiropractic care, transcutaneous electrical nerve stimulation unit, injections, heat treatments, home exercise program, physical therapy and left shoulder surgery. Current documentation dated April 10, 2015 notes that the injured worker reported left shoulder pain rated a seven out of ten and left wrist and hand pain rated a five out of ten on the visual analogue scale. Examination of the left shoulder revealed tenderness and a limited range of motion, which was improving. Spasms of the left deltoid musculature and cervical trapezius were less pronounced. The treating physician's plan of care included a request for continued chiropractic treatment to the left shoulder # 12 and supplies for a transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Continued Chiropractic for the Left Shoulder QTY: 12 (DOS: 01/16/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective continued chiropractic the left shoulder #12 sessions date service January 16, 2015 is not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnosis is persistent left shoulder impingement, status post arthroscopic subacromial decompression. Progress note dated January 16, 2015 indicates the worker has left shoulder pain 7/10. Objectively there is tenderness about the left shoulder and range of motion remains limited to treating provider is requesting additional chiropractic treatment three times a week times four weeks. There are no chiropractic progress notes in the record. There is no documentation demonstrating objective functional improvement. The guidelines allow a six visit clinical trial. With evidence of objective functional improvement, updating visits over 6 to 8 weeks may be clinically indicated. There is no evidence of objective functional improvement. Consequently, absent clinical documentation of prior chiropractic treatments with objective functional improvement, retrospective continued chiropractic the left shoulder #12 sessions date service January 16, 2015 is not medically necessary.

Retrospective: Supplies for TENS (DOS: 01/16/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective supplies for TENS unit date of service January 16, 2015 is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in

medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnosis is persistent left shoulder impingement, status post arthroscopic subacromial decompression. The documentation states the injured worker uses a TENS unit. There is no documentation of ongoing objective functional improvement with the TENS unit. The documentation in the request for authorization does not state what supplies are needed and for what purpose. The documentation does not state the anatomical region for its application. TENS unit is recommended for post stroke rehabilitation for shoulder application. Consequently, absent clinical documentation with objective functional improvement to support ongoing TENS use with a breakdown of what supplies are needed and the anatomical region for its application, retrospective supplies for TENS unit date of service January 16, 2015 is not medically necessary.