

Case Number:	CM14-0000254		
Date Assigned:	01/10/2014	Date of Injury:	02/04/2013
Decision Date:	10/09/2015	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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: Family Practice

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 70 year old female, who sustained an industrial injury on February 4, 2013. She reported low back pain and bilateral knee pain. The injured worker was diagnosed as having status post ground level fall, blunt head trauma; cephalgia, cervical sprain and strain with underlying degenerative disc disease, bilateral shoulder injury, right shoulder, rule out rotator cuff tear, bilateral wrist sprain and strain, history of bilateral carpal tunnel releases in 2010 with recurrent symptoms, thoracolumbar sprain and strain with underlying spondylosis and degenerative disc disease, status post bilateral knee surgeries in 1998 and 1999, bilateral knee contusions, bilateral knee, rule out internal derangement, bilateral ankle sprain and strain, bilateral foot sprain and strain, more symptomatic on the right, abnormal balance, diabetes, hypertension and obesity. Treatment to date has included diagnostic studies, chiropractic care (with little benefit) and physical therapy (with little benefit) for previous injuries, medications and work restrictions. Currently, the injured worker continues to report bilateral shoulder pain radiating to the neck and bilateral upper extremities, bilateral hand and wrist pain with associated numbness and tingling, low back pain radiating into bilateral hips and lower extremities with associated tingling and numbness, bilateral knee pain radiating up to the thighs and down to the feet and right foot pain with intermittent swelling and throbbing. She reported poor sleep secondary to pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 4, 2013, revealed bilateral knee pain and chronic low back pain after falling. After presenting to the emergency department (ED) x-rays of the bilateral knees were

performed and revealed no fractures. Lumbar spine x-ray revealed degenerative joint disease with spurring. It was noted she was treated with Motrin and ice. It was also noted she was ambulatory. Evaluation on March 8, 2013, revealed continued pain as noted. Magnetic resonance imaging of the brain, neck and right shoulder, physical therapy and a cane for ambulation were recommended. Evaluation on December 11, 2013, revealed continued pain as noted. She continued to require medications and work restrictions. The RFA included requests for MRI of the left shoulder and TENS therapy for four (4) weeks and was non-certified on the utilization review (UR) on December 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Physical Examination, Initial Assessment, Special Studies, Surgical Considerations.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation and management of shoulder complaints. These guidelines include the rationale for imaging studies to include MRIs. MRI imaging of the shoulder is typically done when there are concerning red flag signs or symptoms. Further, MRI imaging is indicated in patients who are under consideration for surgical management. In this case, there is no evidence in the medical records that the patient has any of the above cited red flag signs or symptoms involving the left shoulder. The patient has undergone plain film imaging of the shoulder with the only notable finding being evidence of hypertrophic changes in the acromioclavicular joint. There is no indication that the patient is undergoing an assessment for surgery of the shoulder. Under these conditions, there is insufficient information provided to justify an MRI study of the left shoulder. This test is not considered as medically necessary.

TENS THERAPY FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of TENS unit therapy. The indication for a trial with a TENS unit is based on the presence of neuropathic pain. In the presence of neuropathic pain the following are the MTUS criteria for a one month trial: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case, there is insufficient documentation to support evidence for the presence of neuropathic pain as a cause of this patient's chronic symptoms. There is no evidence in the patient's history or physical examination findings suggesting a neuropathy. Without objective evidence of neuropathy, there is no justification for the use of a TENS unit. TENS therapy for 4 weeks is not medically necessary.