

Case Number:	CM13-0002242		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2007
Decision Date:	06/16/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old male who reported a work-related injury on 04/02/2007 due to a motor vehicle accident. Recent clinical documentation stated the patient presented with neck pain, back pain, left shoulder pain and weakness. The impression was noted as cervical sprain/strain with non-verifiable elements of radiculopathy, lumbosacral sprain with non-verifiable elements of radiculopathy and left shoulder weakness and adhesive capsulitis. The patient reached maximum medical improvement on 08/26/2009 with a whole person impairment of 33%. The patient underwent acupuncture treatments. Recent clinical notes stated the patient complained of locking up, stiffness, and sharp, shooting and intermittent low back pain with bending and reaching for objects. He stated his left shoulder had constant pain with limited range of motion. A request has been made for 30 day rental of an [REDACTED] 4 stimulator, 1 office of other outpatient visit, 2 lead wires, 8 electrodes, 12 replacement batteries, and 16 adhesive remover wipes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 30 day rental of an [REDACTED] 4 stimulator: 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
Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: California Medical Treatment Guidelines for Chronic Pain indicate the criteria for the use for transcutaneous electrotherapy includes evidence that other appropriate pain modalities have been tried to include medication and failed. Guidelines further state that a 1 month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence based functional restoration. Per clinical documentation submitted for review, the patient was not noted to be undergoing a program of evidence based functional restoration. A rationale for the [REDACTED] 4 stimulator: unit for the patient was not provided in the documentation and there was no evidence given that other appropriate modalities had been tried and failed by the patient. Therefore, the decision for retrospective request for 30 day rental of an [REDACTED] 4 stimulator is not medically necessary.

Retrospective request for 1 office or other outpatient visit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits.

Decision rationale: Official Disability Guidelines indicate that office visits are recommended as determined to be medically necessary. Guidelines further state the need for a clinical office visit with a health care provided is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. There was no rationale provided for the request for 1 office or other outpatient visit for the patient and the date of the office visit was not noted in the request. As such, the decision for retrospective request for 1 office or other outpatient visit is not medically necessary.

Retrospective request for 2 lead wires, per pair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable medical Equipment.

Decision rationale: Official Disability Guidelines state that durable medical equipment is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment to include: Can withstand repeated use, is primarily and customarily used to service a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. Guidelines further state that transcutaneous electrical nerve stimulation is not supported by high quality medical studies for

the use of shoulder conditions but may be useful in the initial conservative treatment of acute shoulder symptoms. The patient's transcutaneous electrotherapy stimulator was not determined to be medically necessary per previous request; therefore, the retrospective request for 2 lead wires, per pair is not medically necessary.

Retrospective request for 8 electrodes, per pair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable Medical Equipment.

Decision rationale: There was no clinical documentation noting the rationale for the request for 8 electrodes for the patient. The patient was not noted to be undergoing a program of evidence based functional restorations; therefore, the patient's TENS unit was not determined to be medically necessary. Official Disability Guidelines state that durable medical equipment is generally recommended if there is a medical need. Therefore, the retrospective request for 8 electrodes, per pair is not medically necessary.

Retrospective request 12 replacement batteries: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Durable Medical Equipment.

Decision rationale: Per submitted clinical documentation for review, there was no rationale provided for the request for 12 replacement batteries. Official Disability Guidelines state that durable medical equipment is generally recommended if there is a medical need. There was no documentation which gave evidence the patient had a medical need for the medical equipment requested. Therefore, the decision for retrospective request 12 replacement batteries is not medically necessary.

Retrospective request for 16 adhesive remover wipes: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG), Knee and Leg Chapter, Durable Medical Equipment.

Decision rationale: There was no rationale provided for the retrospective request for 16 adhesive remover wipes for the patient in the submitted clinical documentation for review. Official Disability Guidelines indicate that durable medical equipment is generally recommended if there is a medical need. The patient's 30 day rental of an [REDACTED] 4 stimulator was not noted to be medically necessary. As such, the retrospective request for 16 adhesive remover wipes is not medically necessary.