MAXIMUS Federal Services

Case Number:	CM13-0009874		
Date Assigned:	10/11/2013	Date of Injury:	02/15/2012
Decision Date:	02/06/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/12/2013

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 PM&R, and is licensed to practice in California. 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:

This male sustained an injury on 2/15/12 while employed by the [redacted]. Requests under consideration include OrthoStim4 and Dental Consultation. Report dated 7/9/13 from [redacted] noted the patient has been working with restrictions. She presented with bilateral shoulders and right upper extremity pain; Neck pain with stiffness; Right elbow pain; Right wrist and hand pain with bilateral thumb pain; Continues with mandibular pain. Exam showed cervical and bilateral shoulders show tenderness to palpation with reduced range of motion; Neurologic exam showed decreased sensation but normal muscle testing. Diagnoses included right shoulder sprain/strain with SLAP lesion and partial tear; Right elbow sprain/strain; Right wrist sprain/strain; Bilateral wrist first CMC osteoarthritis; Cervical spine musculoligamentous sprain/strain; Left shoulder strain. Treatment plan was for OrthoStim 4 Unit, Dental consultation due to ongoing left mandibular pain, and anti-inflammatory medications. Prior report of 5/22/13 from [redacted] noted diagnoses of labral tear of shoulder, rotator cuff tear, and neuropathy of ulnar nerve. Exam showed positive clicking at the left TMJ when opening and closing mouth with left sided tenderness. Plan was for ortho referral for right elbow; ortho referral for shoulder. [redacted] stated the "patient has been referred to another specialist by her dentist for TMJ appliance- this shoulder be reimbursed." Requests were non-certified on 7/25/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous, Page(s): 114-117.

Decision rationale: This male sustained an injury on 2/15/12 while employed by the [redacted]. Requests under consideration include OrthoStim4 and Dental Consultation. Report dated 7/9/13 from [redacted] noted the patient has been working with restrictions. She presented with bilateral shoulders and right upper extremity pain; Neck pain with stiffness; Right elbow pain; Right wrist and hand pain with bilateral thumb pain; Continues with mandibular pain. Exam showed cervical and bilateral shoulders show tenderness to palpation with reduced range of motion; Neurologic exam showed decreased sensation but normal muscle testing. Diagnoses included right shoulder sprain/strain with SLAP lesion and partial tear; Right elbow sprain/strain; Right wrist sprain/strain; Bilateral wrist first CMC osteoarthritis; Cervical spine musculoligamentous sprain/strain; Left shoulder strain. Treatment plan was for OrthoStim 4 Unit, Dental consultation due to ongoing left mandibular pain, and anti-inflammatory medications. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a transcutaneous stimulator such as OrthoStim4 require prior TENS Unit trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. It appears the patient has received extensive conservative treatment to include medications, modified work and physical therapy with plan for treatment with an interferential current for persistent chronic pain for this February 2012 injury. There is documented short-term or long-term goals of treatment with the OrthoStim unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Unit. There is no evidence of functional with increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The OrthoStim4 is not medically necessary and appropriate.

Dental consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, page 127.

Decision rationale: This male sustained an injury on 2/15/12 while employed by the [redacted]. Requests under consideration include OrthoStim4 and Dental Consultation. Report dated 7/9/13 from [redacted] noted bilateral shoulders and right upper extremity pain; Neck pain with stiffness; Right elbow pain; Right wrist and hand pain with bilateral thumb pain; Continues with mandibular pain. Exam showed cervical and bilateral shoulders show tenderness to palpation with reduced range of motion; Neurologic exam showed decreased sensation but

normal muscle testing. Diagnoses included right shoulder sprain/strain with SLAP lesion and partial tear; Right elbow sprain/strain; Right wrist sprain/strain; Bilateral wrist first CMC osteoarthritis; Cervical spine musculoligamentous sprain/strain; Left shoulder strain. Treatment plan was for OrthoStim 4 Unit, Dental consultation due to ongoing left mandibular pain, and anti-inflammatory medications. Prior report of 5/22/13 from [redacted] noted diagnoses of labral tear of shoulder, rotator cuff tear, neuropathy of ulnar nerve. Exam showed positive clicking at the left TMJ when opening and closing mouth with left sided tenderness. Plan was for ortho referral for right elbow; ortho referral for shoulder. Dr. Sobol stated the "patient has been referred to another specialist by her dentist for TMJ appliance- this shoulder be reimbursed." The submitted reports noted that the patient was previously evaluated by a dentist and possibly already referred to another specialist regarding the TMJ issues. There are no reports provided from any referrals identifying any diagnoses or clinical findings of their evaluations. Current report does not clarify why additional dental consultation would be indicated or medically needed from the dental expert consultation already rendered. The Dental Consultation is not medically necessary and appropriate.