

Case Number:	CM13-0015277		
Date Assigned:	01/08/2014	Date of Injury:	10/01/2010
Decision Date:	04/07/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/22/2013

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 Occupational Surgery and is licensed to practice in Pennsylvania. 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 is a 57-year-old gentleman who was injured in a work-related accident on 10/1/10. The specific request in this case is for additional pads for a home stimulator unit dated 8/5/13. The records indicated that the claimant has both neck and shoulder complaints. It stated at present the claimant is utilizing a soft cervical collar with complaints of neck pain and paresthesias into the arm and restricted range of motion. An 8/5/13 assessment noted the above complaints with current use of medications, a stimulator unit and a traction unit and acupuncture with only "some benefit." The documentation does not indicate the total time frame for use of the home stimulator unit. It is also unclear the degree of relief that has been obtained by the home stimulator unit. As stated, there is a request for continuation of use of the home stimulator unit with "additional pads."

IMR ISSUES, DECISIONS AND RATIONALES

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

(DME) additional Pads for Home Stim Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section interferential Current Stimulation (ICS) Page(s): 118,120.

Decision rationale: Based on Chronic Pain Medical Treatment 2009 Guidelines, continued use of the home stimulator unit and additional supplies including pads would not currently be indicated. The clinical records for review indicate that, while the claimant is utilizing a home interferential stimulator unit, there has been no recent documentation of significant benefit from a functional point of view. The continued role of this DME agent in the form of continued need of supplies would, thus, not be supported as medically necessary.