

Case Number:	CM13-0027482		
Date Assigned:	11/22/2013	Date of Injury:	03/28/2013
Decision Date:	01/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and 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 thirty four year old female who reported injury on 03/28/2013. The mechanism of injury was not provided. The diagnoses were noted to include cervical pain, shoulder pain, and wrist pain. The request was made for a TENS unit for home use, quantity: 1; low level laser, left elbow x4 spots, quantity: 1; and low level laser, wrists x3, quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend a TENS unit as an adjunct to a program of evidence-based functional restoration for neuropathic pain when there is evidence that other appropriate pain modalities have been trialed and failed. The patient was noted to have tender right upper trapezius and levator scapula with spasms. The patient was noted to have pain in the left shoulder that radiated down the lower neck

area. The patient was also noted to have right hand and wrist pain with tingling and numbness. Clinical documentation submitted for review failed to indicate whether the TENS unit was for rental or purchase. Additionally, it failed to provide evidence that other appropriate pain modalities had been tried and failed. Given the above, the request for a TENS unit for home use, quantity: 1 is not medically necessary.

Low level laser left shoulder times four spots quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend low level laser therapy as a conservative alternate to treat pain. The patient was noted to have tender right upper trapezius and levator scapula with spasms. The patient was noted to have pain in the left shoulder that radiated down the lower neck area. Clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for low level laser, left shoulder x4 spots, quantity: 1 is not medically necessary.

Low level laser wrists times three quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines does not recommend low level laser therapy as a conservative alternate to treat pain. The patient was noted to have right hand and wrist pain with tingling and numbness. Clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for low level laser, wrists x3, quantity: 1 is not medically necessary.