

Case Number:	CM13-0028026		
Date Assigned:	11/22/2013	Date of Injury:	03/06/1998
Decision Date:	01/28/2014	UR Denial Date:	08/26/2013
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 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:

The patient is a 61-year-old female who reported a work-related injury on 03/06/1998, specific mechanism of injury not stated. The patient presents for treatment of pain complaints to the neck, low back, bilateral shoulder, bilateral knees, and bilateral wrists/forearm. Specific diagnoses including the following, cervical trapezius musculoligamentous sprain/strain, bilateral upper extremity radiculitis with moderate to severe degenerative changes, lumbar musculoligamentous, sprain/strain and bilateral lower extremity radiculitis with bilateral facet degenerative changes at L4-5 and L5-S1, chronic bilateral knee sprain, patellofemoral arthralgia, bilateral shoulder periscapular strain with tendonitis and impingement syndrome, bilateral wrist/forearm tendonitis and left de Quervain's tenosynovitis, dynamic right carpal tunnel syndrome, chronic left ankle sprain and sleep difficulties due to chronic pain. The most recent clinical note submitted for review is dated 06/10/2013 by [REDACTED]. The provider documents the patient's examinations in clinic have been inconsistent due to missed appointments due to the patient's school schedule. The patient continues to present with complaints of low back pain, shoulder pain, and cervical spine pain. The provider documented low back pain radiated to the buttocks. Upon physical exam of the patient, tenderness upon palpation of the shoulders was noted. Range of motion about the bilateral shoulders was noted to be slightly decreased. [REDACTED] documented this examination was for a final orthopedic evaluation in relation to the patient's work-related injuries. The provider documented he felt the patient had reached maximum medical improvement. The patient was prescribed sonata for sleep as well as Motrin and Zantac. ç

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 8 electrodes, per pair on 6/28/13: 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 Page(s): 121.

Decision rationale: The current request is not supported. The clinical notes evidence the patient presents with multiple bodily injury pain complaints status post a work-related injury sustained in 1998. [REDACTED] documents maximum medical improvement examination of the patient from 06/2013. The provider documents the patient's course of treatment recently as far as interventions to include medication and imaging studies. The provider failed to document the patient's reports of efficacy with utilization of electrical muscle stimulation for the patient's pain complaints. An appeal letter dated 09/05/2012 signed by [REDACTED] documented that he had ordered electrical muscle stimulator for the patient's consistent home use to provide the patient benefits in decreasing her pain complaints. However, without documentation evidencing the patient's continued use of this modality, efficacy of treatment as noted by a decrease in rate of pain and increase in objective functionality, the request for 8 electrodes, per pair on 06/28/2013 is not medically necessary or appropriate.