

Case Number:	CM13-0028054		
Date Assigned:	11/22/2013	Date of Injury:	02/12/1998
Decision Date:	02/03/2014	UR Denial Date:	09/13/2013
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 and is licensed to practice in Texas and Oklahoma. 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 75-year-old female who reported an injury on 02/12/1998. The mechanism of injury was not provided. The patient was noted to have difficulty getting out of bed. It was noted the patient has to take a hot bath before she is able to go anywhere. The patient was noted to have multiple tender points of the cervical spine that were palpable posteriorly and along the trapezius and bilateral shoulder girdles. The patient's forward flexion was chin to chest, extension 20 degrees, and lateral rotation of 70 degrees. The patient was noted to have forward flexion of the lumbar spine to 60 degrees, and extension to 10 degrees. There were noted to be multiple tender points palpable in the dorsal spine. The diagnoses were noted to include status post bilateral carpal tunnel releases, recurrent right carpal tunnel syndrome, psychological diagnosis and fibromyalgia syndrome. The request was made for transportation services to and from all medically related visits, a 3 months supply of TENS supplies as the patient as noted to use it on a daily basis as an adjunct for chronic pain management, and to continue under the care of [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation services to and from all medically-related visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin

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

Decision rationale: Official Disability Guidelines recommend transportation to and from all medically necessary appointments in the same community for patients with disabilities preventing them from self transport. The documentation submitted for review failed to provide documentation the patient had disabilities preventing them from self-transport and failed to document exceptional factors to warrant non-adherence to guideline recommendations. Given the above and the lack of documentation, the request for transportation services to and from all medically related visits is not medically necessary.

TENS unit supplies x month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

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

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The clinical documentation submitted for review failed to provide the documentation of functional benefit with the use of the TENS unit. Given the above, the request for TENS unit supplies times 1 month is not medically necessary.

Continue care with rheumatology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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 recommend the need for clinical office visit based on the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation submitted for review failed to provide the necessity and the rationale for the requested service. The patient's diagnosis failed to include conditions for which an office visit to a rheumatologist visit would be necessary. Given the above, the request for continued care with rheumatology is not medically necessary.