MAXIMUS Federal Services

Case Number:	CM13-0028244		
Date Assigned:	11/22/2013	Date of Injury:	06/08/2007
Decision Date:	02/04/2014	UR Denial Date:	09/20/2013
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 Family Practice 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 50-year-old male who reported a work-related injury on 06/08/2007, specific mechanism of injury not stated. Subsequently, the patient presents for treatment of the following diagnoses: Headaches, dizziness, cervical spine pain, low back pain, right ankle pain, left knee pain, and anxiety. Clinical note dated 07/11/2013 reports the patient was seen under the care of his physician. The provider documents the patient's course of treatments since date of injury. The provider documented upon physical exam of the patient range of motion of the right shoulder was noted to be at 170 degrees flexion, 42 degrees extension, 160 degrees abduction, 45 degrees adduction, 75 degrees internal rotation, and 85 degrees external rotation. Range of motion of the lumbar spine 48 degrees flexion, 20 degrees extension, bilateral sidebending 19 degrees. The provider documented motor testing was 4/5 to the right ankle as well as the left knee. The provider documents the patient presents with cervical spine sprain/strain, right shoulder sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, left knee contusion, history of right sacroiliac joint sprain, and right hip bursitis, blunt head trauma, hypertension, complaints of stress, and sexual dysfunction. The provider documents the patient reports overall general improvement in all areas due to utilization of conservative treatment to include chiropractic manipulation, physiotherapeutic modalities, acupuncture, home exercise program, as well as prescription medications. The provider documented the patient was status post right foot and ankle hardware removal with decompression of the greater and lesser saphenous nerves as of 01/27/2012, right ankle arthrotomy with synovectomy, and removal of loose bodies as of 02/01/2013. The clinical note documents the patient had reached the point of maximum medical improvement from an orthopedic standpoint.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines the California Chronic Pain Medical Treatment Guidelines (May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 121..

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient presents status post an unspecified work-related injury sustained in 2007. The patient presents with multiple bodily injury pain complaints. The provider documents the patient has utilized multiple conservative modalities for his pain complaints. The provider documented the patient was MMI as of 07/11/2013. The California MTUS does not recommend the utilization of neuromuscular electrical stimulation. This modality is used primarily as a part of rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Furthermore, clinical note dated 10/10/2012 documents the patient uses an EMS unit with some benefit. However, documentation of quantifiable efficacy with this modality as evidenced by a decrease in the patient's rate of pain on a VAS scale, as well as increased objective functionality was not noted in clinical notes reviewed. Given all of the above, the request for Decision for 8 electrodes, per pair is not medically necessary or appropriate.

12 replacement batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 121.

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient presents status post an unspecified work-related injury sustained in 2007. The patient presents with multiple bodily injury pain complaints. The provider documents the patient has utilized multiple conservative modalities for his pain complaints. The provider documented the patient was maximum medical improvement as of 07/11/2013. The California MTUS does not recommend the utilization of neuromuscular electrical stimulation. This modality is used primarily as a part of rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Furthermore, clinical note dated 10/10/2012 documents the patient uses an EMS unit with some benefit. However, documentation of quantifiable efficacy with this modality as evidenced by a decrease in the patient's rate of pain on a VAS scale, as well as increased objective functionality was not noted in clinical notes reviewed. Given all of the above, the request for Decision for 12 replacement batteries is not medically necessary or appropriate.

16 adhesive remover wipes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 121.

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient presents status post an unspecified work-related injury sustained in 2007. The patient presents with multiple bodily injury pain complaints. The provider documents the patient has utilized multiple conservative modalities for his pain complaints. The provider documented the patient was maximum medical improvement as of 07/11/2013. The California MTUS does not recommend the utilization of neuromuscular electrical stimulation. This modality is used primarily as a part of rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Furthermore, clinical note dated 10/10/2012 documents the patient uses an EMS unit with some benefit. However, documentation of quantifiable efficacy with this modality as evidenced by a decrease in the patient's rate of pain on a VAS scale, as well as increased objective functionality was not noted in clinical notes reviewed. Given all of the above, the request for Decision for 16 adhesive remover wipes is not medically necessary or appropriate.