

Case Number:	CM13-0047001		
Date Assigned:	12/27/2013	Date of Injury:	01/07/2013
Decision Date:	04/28/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 expert 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 52-year-old male who reported an injury on 01/07/2003. The patient was reportedly injured when a motor exploded, sending electric flashes to the face and body, also causing the patient to fall backward off of a rolling chair. The patient is currently diagnosed with lumbar musculoligamentous sprain with bilateral lower extremity radiculitis, cervical musculoligamentous sprain with bilateral upper extremity radiculitis, bilateral shoulder impingement syndrome, bilateral wrist sprain/strain with carpal tunnel syndrome, urological complaints, ear complaints, psychological complaints, and symptoms of headache, eye twitching, and memory loss. The patient was seen by [REDACTED] on 09/23/2013. The patient reported ongoing neck, low back, bilateral shoulder, and bilateral wrist pain. The patient also reported activity limitations. Physical examination on that date revealed muscle guarding of the cervical spine, limited range of motion, and involuntary facial twitching. Treatment recommendations included physical therapy and a home OrthoStim electrical muscle stimulation unit as well as a request for authorization for home health care assistance to be provided at a frequency of 24 hours per day, 7 days per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOSTIM ELECTRICAL MUSCLE STIMULATION UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117-121.

Decision rationale: OrthoStim unit is a tri-modality rehabilitative electrotherapy system which combines 3 different types of stimulation. The MTUS Chronic Pain Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month trial may be considered as a noninvasive conservative option. As per the documentation submitted, there is no evidence of a failure to respond to other appropriate pain modalities. There is also no documentation of a successful 1 month trial with the unit prior to the request for a purchase. There was no documentation of a treatment plan, including the specific short and longterm goals of treatment with the unit. Based on the clinical information received, the request is not medically necessary and appropriate.

HOME HEALTH CARE 24/7 - PROVIDED BY PATIENT'S WIFE FOR ASSISTANCE WITH ALL ADL'S AND TRANSPORTATION TO MEDICAL APPOINTMENTS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The MTUS Chronic Pain Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. The current request for home health services 24 hours per day, 7 days per week greatly exceeds MTUS Guidelines' recommendations. There is also no indication that this patient is home-bound and unable to provide self care. Furthermore, the MTUS Chronic Pain Guidelines state medical treatment does not include homemaker services and personal care. Based on the clinical information received and the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.