

Case Number:	CM13-0050429		
Date Assigned:	12/27/2013	Date of Injury:	11/14/2003
Decision Date:	05/15/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/29/2013

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 and Rehabilitation, 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 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 60-year-old female who reported injury on 11/14/2003. The mechanism of injury was noted to be the patient was at work, turning on lights and opening up the office, and as she turned on the light, there was a female asleep on the counter of the bathroom. The female came at the patient, striking her repeatedly with a crowbar on the left arm, behind the ear, above and below the left eye, and on the maxilla. The most recent physical examination revealed the patient had range of motion in the cervical spine that was painful, and there was tenderness to palpation along the cervical paraspinal musculature. The examination of the bilateral shoulders revealed the patient had tenderness along the bilateral supraspinatus tendon and acromioclavicular joints. Impingement signs were positive on the bilateral shoulders. Range of motion of the shoulders was painful with weakness during flexion, abduction, and external rotation. The patient had decreased range of motion of the right shoulder. The drop arm test, the Neer's test, and the Hawkins test were positive on the right. The patient had tenderness to palpation along the paraspinal musculature upon examination. The patient further had painful range of motion in the right knee, and tenderness along the medial and lateral joint line of the right knee. The diagnoses were noted to include status post left knee arthroscopy on 11/15/2012; tendinosis of the bilateral hands and wrists; bilateral shoulder rotator cuff tears, no improvement; cephalgia, memory loss, and psyche as per appropriate specialist; diabetes mellitus; bilateral carpal tunnel release; right knee meniscus signal change, possible tear; cervical spine strain with degenerative disc disease; and lumbar spine strain with degenerative disc disease. The discussion included the patient had refractory pain and weakness in her right shoulder, all conservative measures had failed to alleviate symptoms, including modified work activities, medications, therapy, and injections without improvement. The treatment plan was noted to include: continue using wrist brace and back support; treating with [REDACTED], internal medicine evaluator; [REDACTED] for the knee;

continue Motrin 800 mg; Prilosec 20 mg; start prescription for Vicodin 5/500; request a right shoulder arthroscopy with DME and postoperative care; including Combo Care 4; home health care 4 hours a day, 7 days a week for 3 months; and authorization for a life care plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF A COMBO CARE 4-STIM: 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 TENS, NMES and Interferential Current Stimulation Page(s): 115-116,118,121. Decision based on Non-MTUS Citation Abrexis.com.

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. They do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. Per Abrexis.com the Combo Care 4 stim unit includes, TENS, NMES/EMS, ISC and syncope therapies into one unit. Clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. There is a lack of documentation indicating the unit would not be used as a standalone treatment. There was a lack of documentation per the submitted request for the duration of the rental. Given the above, the request for rental of a Combo Care 4 stim unit is not medically necessary.