

Case Number:	CM13-0052302		
Date Assigned:	12/27/2013	Date of Injury:	01/15/2013
Decision Date:	07/29/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

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 Nevada. 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 injured worker is a 63-year-old male was reportedly injured on January 15, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 26, 2014, indicated that there were ongoing complaints of right shoulder and right wrist/hand pains. The physical examination demonstrated spasms and tenderness of the right rotator cuff muscles. There was a positive Speed's test and supraspinatus test. Examination of the wrist and hands noted spasms and tenderness of the extensor tendons, the anterior wrist, and right thenar eminence. There were a positive Tinel's test and Phalen's test. Future treatment recommended six visits of acupuncture, functional capacity evaluation, and topical medications were prescribed. Previous treatment included 12 sessions of physical therapy and chiropractic treatment. A request had been made for an inferential unit for the upper extremities and was not certified in the pre-authorization process on September 25, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF UNIT UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 118.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of an inferential current stimulator includes documentation that pain has been ineffectively controlled with medication and that the injured employee has been unresponsive to conservative measures. The attach medical record did not document that the pain has been ineffectively controlled with medication or that it had been unresponsive to previous conservative measures, as the medical record stated that prior chiropractic treatments have been helpful. For these reasons, this request for the use of an inferential stimulation unit for the upper extremities is not medically necessary.