

Case Number:	CM13-0064304		
Date Assigned:	01/03/2014	Date of Injury:	07/30/2013
Decision Date:	04/18/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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 46-year-old female who reported an injury on 7/30/13 due to repetitive lifting and cumulative trauma. The patient reportedly sustained an injury to the neck, mid back, bilateral shoulders, elbows, hands and knees. The patient's most recent clinical documentation noted that the patient had completed eight visits of physical therapy with only temporary relief. Physical findings included tenderness to palpation of the cervical spine with restricted range of motion, bilateral wrist tenderness and restricted range of motion and bilateral knee tenderness with restricted range of motion. The patient's diagnoses included cervical musculoligamentous sprain/strain, thoracic musculoligamentous sprain/strain, bilateral shoulder sprain/strain and bursitis, bilateral elbow sprain/strain with lateral epicondylitis, bilateral wrist tendonitis, bilateral knee patellofemoral arthralgia and difficulty breathing. The patient's treatment plan included an OrthoStim 4 unit for pain management, a psychiatric consultation secondary to anxiety, physical therapy, and a referral to an ENT due to difficulty breathing after being exposed to chemicals and dust.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS: 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.

Decision rationale: The California MTUS recommends that the continued use of physical therapy be based on documented functional improvement. The documentation submitted for review indicates that the patient attended 8 sessions of physical therapy that did not provide any functional benefit. Therefore, the need for additional therapy is not supported. As such, the request is not medically necessary or appropriate.

AN ORTHOSTIM 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118, 121.

Decision rationale: The requested equipment is a 4-module stimulator that includes an interferential current, galvanic pulsed current, neuromuscular stimulation and a direct pulsed current. The California MTUS does not recommend the use of interferential current stimulation as an isolated intervention. The clinical documentation submitted for review does not provide evidence that the patient is participating in a home exercise program that would benefit from this type of intervention. The California MTUS does not recommend the use of a neuromuscular electrical stimulation device for the treatment of chronic pain. Additionally, galvanic stimulation is not supported by the California MTUS, as it is considered investigational for all indications. As the OrthoStim 4 unit is a compounded device that consists of stimulators that are not recommended by the California MTUS, this device would not be indicated. As such, the request is not medically necessary or appropriate.

AN ENT CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 163

Decision rationale: The ACOEM recommends specialty consultations when a patient's diagnosis is complicated and would benefit from the additional expertise of a specialist. The clinical documentation submitted for review does provide evidence that the patient reports having difficulty breathing. It is noted that the patient was provided a medication by another provider. The patient's response to this medication was not provided for review. Therefore, the need for an additional consultation is not clearly indicated. As such, the request is not medically necessary or appropriate.