

Case Number:	CM13-0067909		
Date Assigned:	01/03/2014	Date of Injury:	11/24/2012
Decision Date:	05/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 36-year-old female who reported an injury on 11/24/2012 after an assault by a patient, which reportedly caused injury to multiple body parts. The injured worker's treatment history included multiple medications, bracing, physical therapy, and activity modifications. The injured worker was evaluated on 11/21/2013. It was noted that she had decreased range of motion of the right shoulder and swelling in the right arm with tenderness to palpation. The injured worker's diagnoses included lumbago, impingement syndrome, pain in upper right arm, spinal stenosis, disc degeneration, facet joint hypertrophy, and disc bulging. The injured worker's treatment plan included a drug test and topical analgesics. A request was made for a multi stim unit with supplies for a 5 month rental. No justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTI STIM UNIT WITH SUPPLIES (5 MONTH RENTAL): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 and 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit/NMES Unit Page(s): 114 and 120.

Decision rationale: The requested Multi Stim Unit with Supplies (5 Month Rental) is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends a 30-day clinical trial to establish the efficacy of a treatment modality such as the requested treatment. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone a trial of a multi stim unit. Additionally, the request as it is submitted does not clearly identify a body part. Therefore, the appropriateness of the request itself cannot be determined. Also, the requested unit is a combination therapy unit that contains a TENS unit and an NMES unit. The California Medical Treatment and Utilization Schedule does not support the use of a neuromuscular electrical stimulation unit (NMES) in the treatment of chronic pain. This type of unit is primarily used in the rehabilitation of a stroke patient. The clinical documentation does not provide any information regarding the injured worker's health history to establish that the injured worker is a stroke patient. As such, the requested Multi Stim Unit with Supplies (5 Month Rental) is not medically necessary or appropriate.