

Case Number:	CM14-0002731		
Date Assigned:	01/29/2014	Date of Injury:	02/21/2011
Decision Date:	06/27/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/06/2014

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 Occupational Medicine 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 53-year-old female, who has submitted a claim for Cervical Disc Syndrome, Low Back Syndrome, Carpal Tunnel Syndrome, Left Wrist; and De Quervain's Disease, Bilateral Wrist, with an industrial injury date of October 25, 2011. Medical records from 2013 were reviewed, which showed that the patient complained of neck pain, with a rating of 7/10 on pain scale, associated with bilateral upper extremity numbness and tingling sensations, left greater than right. Patient also complained of left shoulder pain, with a rating of 8/10 on pain scale. Right wrist pain and left wrist pain were also noted. On physical examination of the cervical spine, tenderness and spasm were noted on the cervical paraspinal musculature. Range of motion (ROM) was as follows: flexion at 50 degrees; extension at 40 degrees; rotation to the right at 62 degrees, and to the left at 60 degrees; lateral flexion to the right at 40 degrees, and to the left at 42 degrees. MRI of the Lumbar Spine, done on May 20, 2013 showed multilevel disc desiccation from L1-S1 and Hemangioma at L2 vertebral body. Treatment to date has included medications, physical therapy and cortisone injection to the left shoulder. The Previous utilization review was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT WITH SUPPLIES.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines., Chapter: TENS, Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Page(s): 114-116.

Decision rationale: As stated on page 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial, may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include, chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, patient has persistent neck and back pain despite physical therapy and intake of medications. Use of a TENS unit may be a reasonable option; however, the duration of use and if the device is for rental or purchase were not specified. Therefore, the request for TENS unit with supplies is not medically necessary.

AQUATIC THERAPY 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines., Chapter: Aquatic Thera.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 22.

Decision rationale: As stated on page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, patient was prescribed with physical therapy, with low-level work conditioning to improve strength, stability and range of motion. However, the specific body part to be treated was not indicated in the request. Likewise, the Body Mass Index (BMI) of the patient cannot be derived due to lack of information. Therefore, the request for Aquatic Therapy 2X6, is not medically necessary.