

Case Number:	CM14-0103880		
Date Assigned:	07/30/2014	Date of Injury:	05/01/2012
Decision Date:	10/06/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 47-year-old male who has submitted a claim for neck sprain associated with an industrial injury date of 05/01/2012. Medical records from 2014 were reviewed and showed that patient complained of pain in posterior left side of his neck. Pain is described to be sharp and stabbing. Patient also complains of pain at the superior aspect of his right shoulder. Patient is status post right shoulder arthroscopy dated 02/12/2014. Physical examination of the cervical spine revealed numbness and tingling in both hands and wrists. Examination of the right shoulder showed decreased range of motion. Treatment to date has included oral medications. Utilization review dated 06/23/2014 denied the request for Multi Stim Unit plus supplies. The documentation submitted indicates the patient had right shoulder arthroscopy dated 02/12/2014, which is not in the first 30 days post-surgery and does not meet the guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stim Unit plus supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), post operative.

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient complained of posterior neck pain. It is unclear as to whether the patient is actively participating in a functional rehabilitation program. The guidelines only recommend TENS as an adjunct to functional rehabilitation program. Therefore, the request for Multi stimulator unit plus supplies is not medically necessary.