

Case Number:	CM14-0106791		
Date Assigned:	07/30/2014	Date of Injury:	03/22/2013
Decision Date:	10/06/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/10/2014

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 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 57-year-old female who was reportedly injured on March 22, 2013. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note dated July 10, 2014, indicates that there are ongoing complaints of neck pain, bilateral shoulder pain, bilateral wrist pain, low back pain and right knee pain. The physical examination demonstrated decreased cervical spine range of motion. There was shoulder tenderness at the acromioclavicular joint and decreased shoulder range of motion bilaterally. There was also decreased range of motion of the knees and a positive McMurray's test and Apley's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left shoulder surgery for a subacromial decompression, distal clavicle excision and Synovectomy as well as physical therapy. A request was made for an X force stimulator with three months of supplies and two conductive garments and was not certified in the pre-authorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of X-Force stimulator unit with 3-months' supplies and two conductive garments:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 113 OF 127.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines only recommends the usage of a transcutaneous electrical nerve stimulation unit if there is evidence that other pain modalities have been tried and failed to include medications. Additionally there should be one-month trial of the unit documenting how often it was used in the outcome in terms of pain relief and function. The medical record does not indicate that these criteria have been met. Therefore, this request for an X force stimulator with three months supplies and two conductive garments is not medically necessary.