MAXIMUS Federal Services

Case Number:	CM14-0107392		
Date Assigned:	08/01/2014	Date of Injury:	04/24/2013
Decision Date:	10/03/2014	UR Denial Date:	06/30/2014
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 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:

This is a 55-year-old female with a 4/24/13 date of injury. The mechanism of injury occurred while she was performing her usual and customary duties as a housekeeper. According to a progress report dated 4/15/14, the patient complained of ongoing pain to the bilateral shoulders which she described as burning associated with a pins and needles sensation. She has been doing physical therapy and doing well thus far. She has had improvement in range of motion. The patient stated that she felt a great relief with the stimulator unit and therapy. The provider is requesting the Pro-Stim unit for home use and a home exercise kit to be used when she does not have physical therapy. Objective findings: restricted ROM of bilateral shoulders, crepitus on motion of bilateral shoulders, mildly positive Hawkins' maneuver and impingement sign, tenderness to the right medial epicondyle. Diagnostic impression: right shoulder impingement with tendinopathy, right elbow medial and lateral epicondylitis, left elbow compensatory pain, status post left shoulder arthroscopic subacromial decompression - 3/8/14. Treatment to date: medication management, activity modification, surgery, physical therapy.A UR decision dated 6/30/14 denied the requests for Pro-Stim unit rental 90 day trial and home exercise kit. Regarding Pro-Stim, there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Regarding home exercise kit, there is no medical need for a costly home exercise kit for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO-STIM unit rental 90 day trial for right shoulder: 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 Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication. It is noted that the provider is requesting a Pro-Stim unit for home use because she has felt a great relief with the stimulator unit and therapy. However, there is no documentation of the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. In addition, there is no documentation of functional improvement or pain reduction from the patient's previous TENS use. Therefore, the request for PRO-STIM unit rental 90 day trial for right shoulder is not medically necessary and appropriate.

Home exercise kit for right shoulder: 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 Official Disability Guidelines (ODG) Knee Chapter: Exercise Equipment

Decision rationale: CA MTUS does not address this issue. Before the requested exercise kit can be considered medically appropriate, it is reasonable to require documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. ODG states that exercise equipment is considered not primarily medical in nature, and that DME can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. There is no documentation that the patient has been using a home exercise program instructed by a medical provider. In addition, there is no description of the exact equipment in the kit that is being requested. Therefore, the request for Home exercise kit for right shoulder was not medically necessary.