

Case Number:	CM14-0108822		
Date Assigned:	08/01/2014	Date of Injury:	05/01/2013
Decision Date:	09/22/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/14/2014

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, Pain Medicine and is licensed to practice in Ohio and 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 38-year-old male, who reported a cumulative trauma injury on 05/01/2013. The current diagnoses include cervical spine spondylosis with stenosis, right shoulder tendinitis, bilateral elbow lateral epicondylitis, and bilateral wrist neuropathy. The injured worker was evaluated on 07/07/2014 with complaints of persistent pain over multiple areas of the body. Previous conservative treatment is noted to include medications, bracing, physical therapy, and acupuncture. The injured worker is also noted to have undergone several diagnostic studies to include a left wrist MRI in 05/2014, a cervical spine MRI in 11/2013, and a right shoulder MRI in 11/2013. Physical examination on that date is handwritten and mostly illegible. However, it is noted that the injured worker demonstrated 120 degree flexion of the right shoulder and 90 degree abduction. Treatment recommendations included a pain management consultation, acupuncture treatment, physical therapy, a general orthopedic consultation, and durable medical equipment. A Request for Authorization form was submitted on 06/04/2014 for acupuncture, a pain management evaluation, unknown medications, an orthopedic consultation, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dual Neurostimulator (TENS/EMS Unit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month trial may be considered as a noninvasive conservative option. The injured worker has been previously treated with medication, bracing, physical therapy, and acupuncture. However, there is no documentation of a successful 1 month trial prior to the request for a unit purchase. The request as submitted failed to indicate whether the unit was for rental or purchase. Therefore, the injured worker does not meet criteria as outlined by the California MTUS Guidelines. As such, the request is not medically appropriate.

1 month supply of Electrodes, batteries & lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month trial may be considered as a noninvasive conservative option. The injured worker has been previously treated with medication, bracing, physical therapy, and acupuncture. However, there is no documentation of a successful 1 month trial prior to the request for a unit purchase. Therefore, the injured worker does not meet criteria as outlined by the California MTUS Guidelines. As such, the request is not medically appropriate.