

Case Number:	CM14-0019972		
Date Assigned:	04/28/2014	Date of Injury:	02/13/2012
Decision Date:	07/08/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 59 year old female with an industrial related injury occurring on February 13, 2012. It would appear there are ongoing complaints of neck and bilateral upper extremity discomfort. The January, 2014 evaluation noted numbness and tingling into the digits of the bilateral upper extremities. The request for treatment dated January 27, 2014 noted the diagnosis as carpal tunnel syndrome. A course of physical therapy for the cervical spine with a traction unit was requested. However, the progress note indicated the diagnosis as a cervical spine spondylolisthesis. The progress note dated April 2, 2014 reported no change subsequent to the last visit, the multiple imaging studies identified some relief to the cervical spine was achieved using the transcutaneous electrical stimulation (TENS) unit. The pain complaints involve the head, neck, bilateral shoulders, bilateral upper extremities with associated tingling, numbness and weakness in the bilateral upper extremities. The pain level is described as 9/10. A decrease in cervical spine range of motion is reported. The clinical assessment is cervical radiculitis of carpal tunnel syndrome. The February, 2014 cervical spine MRI noted uncovertebral and facet spurring at C3-C4 and disc protrusion at C5-C6. The carpal tunnel release was also completed in the 1st quarter of 2014. Plain films of the cervical spine were reportedly normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MONTH TENS UNIT RENTAL: Upheld

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

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

Decision rationale: When noting the date of injury, the mechanism of injury, the actual injury sustained, the multiple interventions already rendered, the patient's failure to improve, and the minimal findings identified on enhanced imaging studies, there is incomplete clinical information to support the request for a 3 month TENS unit rental. Furthermore, the effects of the transcutaneous electrical nerve stimulator (TENS) unit noted with the physical therapy, was minimal at best; there is no objectification of any significant efficacy or utility. Lastly, there is no documentation for support as this device is a primary treatment modality. Therefore, based on the clinical information presented for review, the request is not medically necessary and appropriate.

3 MONTH CERVICAL TRACTION UNIT RENTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) page 127.

Decision rationale: When noting the date of injury, the treatment to date, and the findings on plain films and enhanced imaging studies, there is no clinical indication for a home traction unit. The ACOEM Guidelines does not support the use of this treatment unless associated with a noninvasive conservative protocol. Physical therapy has not been effective. As such, there is no clinical indication for this type of device. The request is not medically necessary and appropriate.

2 PHYSICAL THERAPY VISITS TO TEACH HOME EXERCISE PROGRAM WITH TRACTION/TENS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.