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| Case Number: | CM14-0127186 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 10/30/2012 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 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:

Medical Records reflect the claimant is a 41 year old female who sustained a work injury on 10-30-12. On this date the claimant fell off a step ladder. The claimant has a diagnosis of lumbar strain/sprain and left shoulder injury. The claimant has been treated with medications, physical therapy and injection to the right shoulder. The claimant was scheduled for right shoulder surgery but during preoperative evaluation on 4-3-14 she was found to have diabetes mellitus. She was unable to control her blood sugar prior to surgery. The claimant has had 21 session of physical therapy, chiropractic therapy and 6 acupuncture sessions. The claimant is currently treated with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit rental x 2 months as adjunct to topical creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Low Back and Chronic Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114. Decision based on Non-MTUS Citation pain chapter - electrical stimulators

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. This modality is recommended for conditions such as spasticity, multiple sclerosis, neuropathic pain, phantom limb pain. There is an absence in documentation she has any of these conditions for which a one month trial would be considered. Additionally, a two month rental is not supported. Therefore, the medical necessity of this request is not established.