MAXIMUS Federal Services

Case Number:	CM14-0134256		
Date Assigned:	08/25/2014	Date of Injury:	07/13/2011
Decision Date:	09/26/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/19/2014

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 Internal Medicine, Pulmonary Diseases 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:

The injured worker is a 41-year-old female with a reported injury on 07/13/2011. The injured worker strained her cervical area and left shoulder when covering a paper route. The diagnoses included impingement syndrome, neck sprain, shoulder joint pain and cervicalgia. There was a lack of evidence of previous treatments that were provided. The injured worker had an examination on 08/27/2014, where she continued to complain of decreased range of motion and had difficulty reaching. She continued to complain of pain in her left shoulder with all movement. She also felt a radiating pain from the left shoulder into the left elbow. The injured worker also felt a dull ache into the left shoulder. The strength examination was a 4/5 on the left. The reflexes were normal. There was positive impingement sign and positive O'Brien's sign. There was not a medication list provided. There was not a recommended plan of treatment provided. There was a Request for Authorization that was dated 07/15/2014, although it was not signed. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthostim 4 DME with supplies: Upheld

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

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

Decision rationale: The request for the Orthostim 4 DME with supplies is not medically necessary. The California MTUS Guidelines do not recommend electrotherapy. Although, electrotherapeutic electrotheraputic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on the transcutaneous electrical nuerostimulating unit can be considered of relatively poor methodological quality. There is a lack of evidence of functional deficits. There was no mention that the injured worker has had physical therapy or a home exercise program. There is a lack of evidence to support the medical necessity of this request. The clinical information fails to meet the evidenced based guidelines for the request. Therefore, the request for the orthostim 4 durable medical equipment with supplies is not medically necessary.