

Case Number:	CM14-0135945		
Date Assigned:	09/03/2014	Date of Injury:	04/03/2014
Decision Date:	11/03/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 65-year-old male who sustained an injury on 4/3/14. On 08/12/14 the patient presented with right shoulder, low back, and right knee pain. He also had bilateral wrist pain and numbness. Medications help to reduce the pain but not good enough to increase ADLs. The pain level was rated at 6/10. Objective findings from 7/20/14 revealed bilateral wrist pain and decreased sensation of hands and weakness. Right shoulder ROM was 90 degrees flexion/abduction only and MOD AC tenderness. MRI of the right shoulder showed diffuse DJD with partial tear of tendinous insertion of the supraspinatus tendon. X-ray of the right knee and lumbar spine revealed degenerative changes. He is currently on Atenolol, Citalopram, Meloxicam, Vicodin, Codeine, cyclobenzaprine, and Tramadol. Past treatments have included physical therapy, chiropractic therapy and medications. The patient was made to use a TENS unit on 8/12/14 and he indicated it to be helpful and reported that his pain level reduced to 3-4/10 from 6/10. No other reference of TENS unit was made. Diagnoses included bilateral carpal tunnel syndrome and right knee pain. The request for TENS unit and orthopedic referral was denied on 08/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: 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 TENS Page(s): 113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Evaluation

Decision rationale: According to the CA MTUS guidelines, TENS is recommended as an option for patients in a therapeutic exercise program for osteoarthritis as a treatment for pain. The addition of TENS plus exercise appears to produce improved function over those treated with exercise only, although the difference has not been found to be significant. In this case, there is no documentation of plan for therapeutic exercise program for OA as an adjunct treatment for pain. Thus, the request is not medically necessary.

Orthopedic referral: 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 ACOEM Practice Guidelines, Independent Medical Evaluation

Decision rationale: As per CA MTUS / ACOEM guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the provider has requested pain management follow ups. In this case, the injured worker has been diagnosed with right knee pain, LBP, B/L Carpal tunnel syndrome, right shoulder DJD and partial tear of the right supraspinatus tendon per MRI. There is no evidence of any indication for an orthopedic surgical intervention. The treatment of partial rotator cuff tear at this age (of the IW) is conservative treatment. The treatment of mild CTS is also conservative treatment. Furthermore, there is no mention of any specific reason for this request. Therefore, the medical necessity of orthopedic consultation cannot be established per guidelines and based on available information. Therefore the request is not medically necessary.