

Case Number:	CM14-0141809		
Date Assigned:	09/10/2014	Date of Injury:	04/22/2009
Decision Date:	11/05/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 55-year-old male who reported injury on 04/22/2009 while working as a ramp service person whose job function was to load and unload luggage from the airport. The job required the injured worker to lift and carry up to 100 pounds, repetitive bending, stooping, squatting, pushing, pulling, reaching, twisting, turning, standing, walking, climbing, stretching, grasp and gripping as well as work in awkward positions that caused injuries. The diagnostics included electromyograph/nerve conduction velocity study, x-ray, and MRI of the neck, bilateral wrists, hands and right shoulder. Past treatments included medication, physical therapy, pain management, and orthotics. No medications were being taken. The physical examination dated 07/02/2014 noted range of motion to the cervical spine included forward flexion of 45 degrees and extension of 55 degrees. The physical examination to the cervical spine revealed decreased lordosis. Palpation to the cervical spine revealed tightness, spasms, muscle guarding at the trapezius and sternocleidomastoid and strap muscles. No tenderness of the spinal process was noted. There was no evidence of swelling to the supraclavicular fossa. There was a positive Spurling's test bilaterally. Examination of the right shoulder revealed range of motion with flexion of 140 degrees and extension of 30 degrees. Tenderness was noted to the greater tuberosities of the right shoulder with tenderness to the rotator cuff muscle. There was tenderness to the supraspinatus and infraspinatus. There was positive impingement test on the right. The diagnoses included a sprain/strain to bilateral wrists, sprain/strain to the bilateral hands, cervical displacement without myelopathy, sprain/strain to the thoracic, sprain/strain to the lumbar, sprain/strain to the shoulders, and internal derangement of the joint of the shoulder region. The treatment plan included a transcutaneous electrical nerve stimulator for treatment. The request for authorization dated 09/10/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME IF Unit 2month Rental for Right Shoulder/Wrist and Bilateral Hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

Decision rationale: The request for DME IF unit 2 month rental for right shoulder/wrist and bilateral hands is not medically necessary. The California MTUS Guidelines indicate that the transcutaneous electrical stimulation unit is not recommended as a primary treatment modality but a one month home based TENS trial may be considered as a noninvasive conservative option if used in conjunction to the program of evidence based functional restoration. The criteria for the use of a TENS unit for chronic intractable pain include documentation of pain for at least 3 months duration. There should be evidence of other appropriate pain modalities that have been tried including medication and failed. A one month trial period of a transcutaneous electrical nerve stimulator unit should be documented as in conjunction to ongoing treatment modalities within a functional restoration approval and with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function rentals should be preferred over purchase during this trial. Other ongoing pain treatment should be documented in the trial period including medication usage. A treatment plan including specific short and long term goals of treatment with transcutaneous electrical nerve stimulator unit should be submitted. A 2 lead unit is generally recommended if a 4 lead unit is recommended there must be documentation of why this is necessary. The documentation was not evident that the injured worker is on any medication although the documented pain level is a 6/10. A one month trial period of a TENS unit should be documented. The clinical notes did not indicate documentation of ongoing treatment modalities with a functional restoration approach as well as outcome in terms of the pain relief and function. As such, the request is not medically necessary.

Electrodes x4 packs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

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

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Batteries x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

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

Decision rationale: As the primary service is not supported, this associated service is also not supported.