

Case Number:	CM14-0020014		
Date Assigned:	04/28/2014	Date of Injury:	04/01/2010
Decision Date:	07/08/2014	UR Denial Date:	02/05/2014
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 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 52-year-old male who reported an injury on 04/01/2010. The mechanism of injury was not provided. The clinical note dated 01/10/2014 noted the injured worker presented with neck, right shoulder, and left knee pain. Prior treatments included a right shoulder and left knee arthroscopy and injections. Upon exam, there was tenderness on the paracervical, trapezius, and supraspinatus muscles. The active range of motion values for the cervical spine were 70 degrees of flexion, 60 degrees of extension, 35 degrees of right lateral bending, 35 degrees of left lateral bending, 35 degrees of right lateral rotation, and 35 degrees of left lateral rotation. There was tenderness to palpation of the right shoulder over the SC joint and AC joint, supraspinatus, and greater tuberosity of the right shoulder. Diagnoses were cervical spine sprain/strain, right shoulder subacromial and subdeltoid bursitis, status post right shoulder arthroscopy, lumbar spine sprain/strain, lumbar spine disc herniation without myelopathy, bilateral medial meniscus tears, and status post left knee arthroscopy as well as left knee steroid injection. Current treatment included continuation of physical therapy, topical compounds, and continued use of a multistim unit, and aquatic relief system. The provider recommended a multistimulator unit with accessories; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTI STIMULATOR UNIT WITH ACCESSORIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ELECTRICAL STIMULATORS (E-STIM).

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

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive, the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, or do they answer the question about long term effectiveness. There is a lack of documentation indicating significant deficits upon physical exam. The efficacy of the injured worker's previous courses of conservative care were not provided. The efficacy of the current multistimulator therapy was not provided. The provider's request did not indicate whether the injured worker need to rent or purchase the unit. The request also did not indicate the site at which the multistimulator was intended for. As such, the request is not medically necessary and appropriate.