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| Case Number: | CM14-0030946 | | |
| Date Assigned: | 03/21/2014 | Date of Injury: | 01/21/2010 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 03/10/2014 |
| Priority: | Standard | Application Received: | 03/12/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, 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 Physician 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 records reflect that a request for a TENS unit was not certified in the preauthorization process. Previous documentation outlined a trial period. A cervical spine MRI was obtained. This document indicated other diagnostic changes consistent with a radiculopathy. Multiple level facet joint disease and osteophytic changes are identified throughout the cervical spine. The progress note dated February 25, 2014 indicated ongoing complaints of pain and muscle spasm to the bilateral shoulders. Trigger point injections have been completed, and the medication Soma had limited efficacy. The clinical assessment was bicipital tenosynovitis and unspecified disorders. Trigger point injections have been completed. The rationale for the requested durable medical equipment is related to the carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF 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 Page(s): 114-115.

Decision rationale: There are multiple conflicting ideologies for the noted pain complaints. The cervical spine notes degenerative osteoarthritis, there is no clinical rationale presented for the shoulder complaints, and the electrodiagnostic studies are not consistent with a carpal tunnel syndrome. Furthermore, the diagnosis made reference to both shoulders. Therefore, based on a complete lack of correlation between the objective parameters noted, there is insufficient clinical evidence to support this request.