

Case Number:	CM14-0036421		
Date Assigned:	06/25/2014	Date of Injury:	04/11/2013
Decision Date:	08/26/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/25/2014

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:

This 54 year-old patient sustained an injury on 4/11/13 after draining fuel into a tank and a truck backed up, knocking her to the ground while employed by [REDACTED]. The patient sustained an L1 compression fracture and left shoulder tendon disruption s/p left shoulder subacromial decompression, acromioplasty, intra-articular debridement and possible SLAP debridement on 12/17/13 followed by 24 post-operative PT. Request under consideration include retrospective request for rental of zynex NexWave unit and purchase of supplies electrodes & batteries for date of service 02/01/14. Diagnoses list Contusion of face/scalp/neck; neck sprain; lumbosacral sprain; shoulder/arm sprain; postsurgical states NEC. The request for retrospective request for rental of zynex NexWave unit and purchase of supplies electrodes & batteries for date of service 02/01/14 was non-certified on 2/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for rental of Zynex Nexwave unit and purchase of supplies electrodes & batteries for (date of service 02/01/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation p. 116, 2010 Revision, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Other devices (such as H-wave stimulation (devices), Interferential Current Stimulation, Microcurrent electrical stimulation (MENS devices), RS-4i sequential stimulator, Electroceutical Therapy (bioelectric nerve block), Neuromuscular electrical stimulation (NMES devices), Sympathetic therapy, Dynatron STS) Page(s): 115-118.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, interferential stimulation is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of transcutaneous stim unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. It appears the patient has received extensive conservative treatment to include medications and exercise which is documented to control the symptoms. There is no documentation on the short-term or long-term goals of treatment with the interferential unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Zynex NexWave unit as there is no documented failed trial of TENS. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any transcutaneous stimulation therapy rendered. The retrospective request for rental of zynex NexWave unit and purchase of supplies electrodes & batteries for date of service 02/01/14 is not medically necessary and appropriate.