MAXIMUS Federal Services

Case Number:	CM14-0040463		
Date Assigned:	06/27/2014	Date of Injury:	01/28/2014
Decision Date:	08/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Interventional Spine 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 patient is a 62-year-old with an injury date on 1/28/14. Patient complains of chest wall pain that has decreased with physical therapy, and new pain in the back of shoulder and dorsal forearm numbness (when he raises arm) per 3/6/14 report. Based on the 3/6/14 progress report provided by [redacted] the diagnoses are: 1. Strain: chest wall2. Strain: left pectorals3. Numbness left forearmExam on 3/6/14 showed chest has mild tenderness to palpation to lateral insertion of left pectorals and latissimus. Left shoulder has tenderness to palpation to latissimus at posterior axillary line. Range of motion of left shoulder is normal except forward flexion: 165 degrees, limited by pain and slight pain on adduction. [redacted] is requesting one TENS unit and one orthosis transfer of care / orthopedic treatment. The utilization review determination being challenged is dated 3/18/14 and rejects request for an orthopedic consultation due to lack of physical exam results such as shoulder impingement to necessitate surgery. [redacted] is the requesting provider, and he provided treatment reports from 1/30/14 to 6/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for TENS, pg114-121, Page(s): 114-121.

Decision rationale: This patient presents with chest wall pain and shoulder/forearm pain. The physician has asked for one TENS unit on 3/6/14 and the request for authorization dated 3/11/14 clarifies request as rental. Review of the report shows no evidence of prior TENS usage. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS (Complex Regional Pain Syndrome), spasticity, phantom limb pain, and multiple sclerosis. The requested TENS unit rental is reasonable for this type of condition but the length of the rental is not specified. MTUS specifically recommends a one-month trial. Therefore, One TENS (Transcutaneous Electrical Nerve Stimulation) Unit is not medically necessary.

One Ortho Transfer of Care/Orthopaedic Treament: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

Decision rationale: Regarding consultations, ACOEM states that 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. In this case, the patient had recent worsening of shoulder pain with overhead activity. The consultation with an in-house orthopedic specialist appears to be in accordance with ACOEM and can potentially move the case forward. Therefore, One Ortho Transfer of Care/Orthopedic Treatment is medically necessary.