

Case Number:	CM14-0054181		
Date Assigned:	07/07/2014	Date of Injury:	03/05/2012
Decision Date:	08/27/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/22/2014

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 & Rehabilitation, and is licensed to practice in California and Washington. 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 49-year-old male who reported an injury on 03/05/2012. The mechanism of injury was not stated. The current diagnoses include cervical musculoligamentous injury, cervical myospasm, cervical radiculopathy, lumbar disc protrusion, lumbar muscle spasm, lumbar radiculopathy, lumbar sprain, left rotator cuff tear, left shoulder impingement syndrome, left shoulder internal derangement, left shoulder sprain, left knee pain, left knee sprain, loss of sleep, sleep disturbance, anxiety, depression, irritability, nervousness, hypertension, and status post surgery. The latest physician progress report submitted for this review is documented on 02/21/2014. The injured worker presented with complaints of persistent pain over multiple areas of the body. Physical examination revealed decreased and painful cervical range of motion, 3+ tenderness with muscle spasm, positive compression testing, positive shoulder depression testing, trigger points in the lumbar spine, limited and painful lumbar range of motion, 3+ tenderness, positive Kemp's testing bilaterally, limited left shoulder range of motion, +3 tenderness to palpation, positive supraspinatus testing, positive Phalen's testing in the right wrist, and +3 tenderness to palpation of the left knee. Treatment recommendations at that time included a psychology appointment, a sleep study, and a consultation with a podiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Impedance Imaging (TPII) 95999: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC37007781>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hyperstimulation analgesia.

Decision rationale: Official Disability Guidelines state hyperstimulation analgesia is not recommended until there are higher quality studies. Initial results are promising, but only for 2 low quality studies sponsored by the manufacturer. Therefore, the current request cannot be determined as medically necessary and appropriate.