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| Case Number: | CM14-0067079 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 06/26/2010 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 Nevada. 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 records, presented for review, indicate that this 48-year-old male was reportedly injured on June 26, 2010. The most recent progress note, dated July 2, 2014, indicated that there were ongoing complaints of ongoing inconstant cervical spine pain, radiation into the upper extremity, and right shoulder pain. The physical examination demonstrated the surgical portals to be clean and dry and there was no erythema noted. A passive exercise protocol was outlined. Diagnostic imaging studies were not reported in this narrative. Previous treatment included lumbar fusion, physical therapy, home therapy, multiple medications and pain management interventions. A request had been made for sensory testing device and was not certified in the pre-authorization process on April 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Current Perception Threshold upper and lower extremity (sensory testing device): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck & Upper Back (Acute & Chronic) American Academy of Neurology, American Association of Electrodiagnostic Medicine Centers for Medicare and Medicaid Services

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated August, 2014 (electronically sited).

Decision rationale: It is noted that the MTUS or ACOEM guidelines do not address this topic. The parameters noted in the ODG were employed. As noted in the ODG, this CPT (current perception threshold) is not recommended. There are no clinical studies demonstrating quantitative testing improve the functional outcome. Therefore, based on a lack of any evidence-based medicine to support this device and by the physical examination findings reported in the overall clinical situation, there is insufficient data presented to support the medical necessity of such an intervention.