

<b>Case Number:</b>	CM14-0071254		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 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 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 30-year-old female who was reportedly injured on June 28, 2013. The mechanism of injury was not listed in these records reviewed. The most recent note, (a functional capacity evaluation dated January 3, 2014), indicated that there were ongoing complaints of neck pain. No specific physical examination was offered, only the findings relative to the specific tests completed. Diagnostic imaging studies objectified ordinary disease of life degenerative changes throughout the entire cervical spine. Previous treatment included medications and physical therapy. A request had been made for additional physical therapy and a Zynex machine and was not certified in the pre-authorization process on April 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2x6 right knee/right wrist/cervical/thoracic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** When noting the date of injury and the absence of any acute specific pathology noted on enhanced imaging studies and by the lack of any clinical information on the

treating provider, there was no data presented to suggest a medical necessity for this request. Therefore, when noting the parameters outlined in the California Medical Treatment Utilization Schedule and with the functional capacity evaluation findings identified, this is not medically necessary.

**Zynex machine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.zynexmed.com/>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

**Decision rationale:** This device is essentially a newer generation of electrical stimulation durable medical equipment. While noting that the particular brand name is not addressed in the California Medical Treatment Utilization Schedule, this is essentially a transcutaneous electrical Nerve Stimulation (TENS) unit. The California Medical Treatment Utilization Schedule recommends against using a TENS unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there was no documentation of a previous one month trial. As such, the request for purchase of a TENS unit is considered not medically necessary.