

Case Number:	CM14-0083681		
Date Assigned:	07/21/2014	Date of Injury:	03/19/2014
Decision Date:	08/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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 Texas and Ohio. 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 74-year-old male who reported an injury on 03/19/2014. The mechanism of injury involved a fall. The injured worker was evaluated on 05/16/2014 with complaints of headache and migraine pain, vertigo, neck pain, low back pain, and bilateral upper extremity weakness. The current medication regimen includes ibuprofen. Physical examination on that date revealed slightly limited cervical range of motion, tenderness to palpation over the paracervical spine and trapezius muscle, intact sensation in the upper extremities, tenderness to palpation at the L4-5 and L5-S1 levels, normal range of motion of the lower extremities, and intact sensation in the lower extremities. X-rays obtained in the office on that date indicated mild degenerative changes in the cervical and lumbar spine. The injured worker was diagnosed as status post slip and fall, closed head trauma, post-concussive syndrome, cervical spine strain, right carpal tunnel syndrome, right wrist sprain, lumbar spine contusion, lumbar spine strain, and right shoulder impingement syndrome. Treatment recommendations at that time included physical therapy, neurological consultation, a right wrist brace, a lumbar spine brace, and a Dual Prime Stimulator TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Dual Muscle Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option. As per the documentation submitted, there is no evidence that other appropriate pain modalities have been tried and failed. There is no documentation of a successful 1 month trial prior to the request for a unit purchase. Based on the clinical information received, the request is not medically necessary.

Wrist Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option. As per the documentation submitted, there is no evidence that other appropriate pain modalities have been tried and failed. There is no documentation of a successful 1 month trial prior to the request for a unit purchase. Based on the clinical information received, the request is not medically necessary.