

Case Number:	CM14-0193184		
Date Assigned:	11/26/2014	Date of Injury:	08/30/2012
Decision Date:	01/14/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 55 year old male with date of injury 8/30/12. The treating physician report dated 9/29/14 (17) indicates that the patient presents with pain affecting the right elbow, the right shoulder, the cervical spine and the thoracic spine. The physical examination findings reveal restricted range of motion of the cervical spine with moderate tenderness at the CT junction, mid trapezius and the right paravertebral musculature. Examination of the right shoulder reveals an active range of motion and a negative drop arm test, indicating the rotator cuff is intact. Examination of the right elbow reveals moderate tenderness at the medial epicondyle with moderately positive cubital Tinnel's. Examination of the thoracic spine reveals tenderness in the paravertebral musculature extending to the interscapular area and to the thoracolumbar junction, extension and rotation to the right causes discomfort in the right junction and when done to the left it causes no discomfort. Prior treatment history includes prescribed medications, ice therapy, right shoulder injections, a TENS unit, physical therapy, aquatic exercise, and a sleep study. Current medications include Cymbalta, Ambien, Norco, Neurontin and Ibuprofen. MRI findings dated 7/14/14 reveal mild to moderate rotator cuff tendinosis with no rotator cuff tear, chronic SLAP tear of the superior labrum extending anterosuperior/posterosuperior, mild tendinosis of the intraarticular long head of the biceps tendon, mild to moderate AC joint arthritis and lateral downsloping acromion mildly narrows the lateral supraspinatus outlet. Patient's current work status is TTD. The current diagnoses are: 1. Adhesive capsulitis shoulder 2. Sprain/strain of neck 3. Spinal stenosis in cervical region 4. Medial epicondylitis elbow 5. Lesion of ulnar nerve 6. Sprain/strain thoracic region 7. Hernia site of w obstructive
The utilization review report dated 10/30/14 denied the request for NexWave home Estim unit and supplies qty 1 based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NexWave home Estim unit and supplies qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for electrical stimulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: The patient presents with pain affecting the right elbow, the right shoulder, the cervical spine and the thoracic spine. The current request is for a NexWave home Estim unit and supplies qty 1. The NexWave incorporates IFC, TENS & NMES into one combination unit. The treating physicians report with the request for the Estim unit was not included with the documents provided nor was it mentioned in the UR report dated 10/30/14. The California MTUS Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention. MTUS goes on to say that if ICS is decided to be used the criteria should be based on after effectiveness is proven by a physician or licensed provider of physical medicine when chronic pain is ineffectively controlled with medications, history of substance abuse or from significant post-operative conditions. If those criteria are met, then a one month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. The treating physician report dated 6/12/14 notes that the patient was to continue TENS unit therapy. There was no mention in the report or any other report provided how the patient responded to the TENS unit. Other prior treatments include ice therapy and prescribed medications. The physician notes little improvement in pain levels with prior treatments and has placed the patient on activity modification. There is no documentation of a previous trial of a NexWave unit and therefore no documentation of its efficacy to treat the patient's symptoms. The current request does not specify an amount of time the Estim unit is to be placed in patients home. MTUS guidelines allow for a one month trial of TENS but interferential current is not recommended. In this case, the treating physician has prescribed a combination unit and the MTUS guidelines do not support interferential current stimulation. Treatment is not medically necessary and appropriate.