

Case Number:	CM14-0198094		
Date Assigned:	12/08/2014	Date of Injury:	10/14/2010
Decision Date:	01/20/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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:

This 55 year-old patient sustained an injury on 10/14/10 while employed by [REDACTED]. Request(s) under consideration include Retro DME purchase of Nex Wave Unit. Diagnoses include left shoulder rotator cuff tear and biceps tendinitis s/p left rotator cuff repair on 5/6/14. Conservative care has included medications, therapy, injections, and modified activities/rest. Report of 7/7/14 from the provider noted the patient with chronic ongoing neck pain radiating down arm/hand with numbness and tingling; taking pain medication and progressing with therapy. Exam showed left shoulder with forward elevation/abd/ER/IR of 160/150/70/L1; deltoid and supraspinatus strength of 4/5. Request for Zynex NEX WAVE by the provider was dated 7/15/14. Report of 10/6/14 noted flare-up of neck and back pain; flared with chiropractic treatment and traction. Exam showed unchanged findings of shoulder limited range with decreased strength of deltoid and supraspinatus. The patient was to be off work with medications prescribed. The Nex Wave was ordered on 11/3/14. The request(s) for Retro DME purchase of Nex Wave Unit was non-certified on 11/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DME purchase of Nex Wave Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: Per California MTUS Chronic Pain Treatment Guidelines, interferential stimulation is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of transcutaneous stim unit include trial in adjunct to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. It appears the patient has received extensive conservative treatment to include medications and exercise which is documented to control the symptoms. There is no documentation on the short-term or long-term goals of treatment with the interferential unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Zynex NexWave unit as there is no documented failed trial of TENS. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any transcutaneous stimulation therapy rendered. The Retro DME purchase of Nex Wave Unit is not medically necessary and appropriate.