

Case Number:	CM14-0203933		
Date Assigned:	12/16/2014	Date of Injury:	02/11/2013
Decision Date:	02/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab 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 45 year-old patient sustained an injury to her right shoulder/elbow on 2/11/13 from striking her elbow while dusting during employment by [REDACTED]. Request(s) under consideration include 30 Day trial of ART stimulator. Diagnoses include right elbow/ wrist/ shoulder sprain/strain; CRPS; cervical sprain/strain; and carpal tunnel syndrome. Conservative care has included medications, physical therapy, occupational therapy, cortisone injection, stellate ganglion block x2, chiropractic treatment x 6, diagnostics, and modified activities/rest. The patient continues to treat for chronic ongoing symptoms. Report of 11/20/14 from the provider noted unchanged decreased right shoulder and wrist range by 50% with decreased grip strength. The request(s) for 30 Day trial of ART stimulator was non-certified on 11/21/14 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:

30 Day trial of ART stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 115-118.

Decision rationale: AME report had no recommendation for ART stimulator. The patient continues with "no use of right upper extremity or work with bilateral hands; TTD is not available." The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic February 2013 injury. Additionally, interferential unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The 30 Day trial of ART stimulator is not medically necessary and appropriate.