

Case Number:	CM14-0207675		
Date Assigned:	12/19/2014	Date of Injury:	10/04/2014
Decision Date:	02/17/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for left shoulder and low back pain reportedly associated with an industrial injury of October 4, 2014. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve request for a TENS unit rental for the lumbar spine and left shoulder and likewise denied a functional capacity evaluation. The claims administrator stated that its decisions were based on an RFA form received on November 11, 2014. The applicant's attorney subsequently appealed. On October 6, 2014, the applicant reported ongoing complaints of low back and left shoulder pain. X-rays, work restrictions, and medications were endorsed. It was not clearly stated whether the applicant was or was not working with a rather proscriptive 10-pound lifting limitation in place. In a handwritten progress note dated October 30, 2014, difficult to follow, not entirely legible, the applicant reported 5-8/10 low back and left shoulder pain. The applicant denied any cervical strain, thoracic strain, lumbar strain, left shoulder strain, or right wrist strain. Twelve sessions of manipulative therapy were endorsed, along with a functional capacity evaluation, computerized range of motion testing, and computerized muscle testing. Naproxen and a TENS unit were also endorsed, along with a 35-pound lifting limitation. Once again, it was not clearly stated whether the applicant was or was not working with said limitation in place. The progress note comprised, in large part, preprinted checkboxes, with little-to-no narrative commentary to augment the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit 1 Month Rental for the Lumbar Spine and Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203, 300, 308.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, TENS units are deemed "not recommended" in the evaluation and management of low back pain complaints. While ACOEM Chapter 12, page 300 does establish a limited a role for TENS units, noting that they may have some value if used in conjunction with a program of functional restoration, in this case, however, there was no mention of the applicant's willingness to use the TENS unit at issue in conjunction with a program of functional restoration. The applicant's work and functional status was not clearly outlined. The basis for usage of the TENS unit was not clearly outlined. Similarly, the MTUS Guideline in ACOEM Chapter 9, page 203 also notes that TENS units are not supported by high-quality medical studies but may be useful in the initial conservative treatment of acute shoulder symptoms. Here, however, the attending provider did not clearly state in what context he intended for the applicant to use the TENS unit. It was not clearly stated, for instance, that the TENS unit was intended to facilitate functional restoration, home exercises, etc., in the handwritten progress note provided. Therefore, the request was not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Page(s): 58-59, 70, 114-116. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, pages 137-138

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions, in this case, however, it was not clearly stated whether the applicant was or was not working as of October 30, 2014. It was not clearly stated for what purpose FCE testing would serve in the clinical and/or vocational context present here. The applicant's work and functional status were not clearly outlined. If, for instance, the applicant had been terminated by his former employer, this would seemingly obviate the need for the proposed functional capacity evaluation. The attending provider's handwritten progress note and preprinted checkboxes did not, in short, set forth a compelling case for the FCE at issue so as to augment the tepid ACOEM position on the same. Therefore, the request was not medically necessary.

