MAXIMUS Federal Services

Case Number:	CM15-0006436		
Date Assigned:	01/26/2015	Date of Injury:	11/04/2014
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37-year-old male who reported an injury on 11/04/2014 after holding up a truss frame when he injured his left shoulder, neck and left elbow. The injured worker had previously utilized physical therapy sessions, a home exercise program, and medication to include Norco, nabumetone, tramadol and ketoprofen. Exam of the injured worker in 12/2014 identified decreased left C7 deep tendon reflex, positive orthopedic findings for the cervical spine as well as the left shoulder and left elbow. Additionally, he had painful and restricted range of motion of the cervical spine, left shoulder and left elbow with muscle spasms of the musculature surrounding the cervical spine, left shoulder and left elbow and the injured worker was identified wearing a shoulder sling on the left upper extremity. The injured worker was diagnosed with a cervical disc herniation without myelopathy, partial tear of the rotator cuff tendon of the left shoulder and left radial humeral sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine for neck, left shoulder 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Wrist & Hand

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Under the California MTUS Guidelines, injured workers are supported for a set number of sessions. However, there were no indications as to how many complete sessions the injured worker had undergone to date. Therefore, without knowing if he would exceed the maximum allowance under the California MTUS Guidelines, additionalvisitss cannot be supported and is not medically necessary.

Multi interferential stimulator rental 1 month for neck, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-115.

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

Decision rationale: The use of a TENS unit previously had been denied based on a lack of documentation of at least 3 months duration of other appropriate pain modalities having been tried and failed as indicated under the CAMTUS guidelines. Recent clinical documentation noted the injured worker did not have a complete neurologic examination to rule out a brachial plexus injury due to his complaints of burning pain and extreme disability. Without having any further clinical documentation to rule out any brachial plexus type of injury or other neurological injury, the requested 1 month use of a multi interferential stimulator for 1 month for the neck and left shoulder cannot be supported and is considered not medically necessary.