

Case Number:	CM15-0107430		
Date Assigned:	06/15/2015	Date of Injury:	07/16/1998
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/03/2015

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: Preventive Medicine, Occupational Medicine

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 56-year-old female, who sustained an industrial injury on 7/16/1998. She reported falling off a ladder as it collapsed, striking the back, left shoulder, and left knee. She further had complications of pulmonary embolism and thrombus and required hospitalization. Diagnoses include cervical strain, cervical degenerative arthritis, lumbosacral sprain/strain, and left shoulder rotator cuff tendinopathy. She is status post left shoulder surgery in August 2012. Treatments to date include medication therapy, acupuncture, and a TENS unit. The medical records included a Primary Treating Physician's Permanent and Stationary report dated 1/27/14. The physical examination documented significant chronic findings of the left knee and left shoulder as well as imaging studies and subjective findings of the cervical and lumbar spines. On 11/20/14, a prescription was written for supplies to be re-ordered for a Surgistim 4 unit including battery packs, electrodes, leads and swabs. This appeal request was to review authorization of the single use swabs #900.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single Use Swab #900 (90DS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 115-119.

Decision rationale: The request for the single use swabs is in conjunction with a request for a surgistim 4 units, which is not supported by MTUS Guidelines. This type of unit is not a usual and customary TENS unit and includes NEMS stimulation which specifically not recommended per Guideline standards. The swabs are not supported by Guidelines as their intended use is for a treatment/unit that is not supported by Guidelines. There are no unusual circumstances to justify an exception to Guidelines. The single use swab #900 (90DS) is not medically necessary.