MAXIMUS Federal Services

Case Number:	CM15-0139583		
Date Assigned:	07/29/2015	Date of Injury:	02/20/2002
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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: New York
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 60 year old female who sustained an industrial injury on 2.20.02. The mechanism of injury was unclear. She currently complains of severe neck pain; right shoulder pain; left shoulder pain; left wrist pain and left knee pain. On physical examination, her left shoulder had decreased range of motion; left knee decreased range of motion. Medications were Tylenol #4, Prilosec, Xanax, topical creams of ketoprofen, gabapentin and tramadol. Diagnoses include cervical sprain, strain; right shoulder impingement with posttraumatic arthrosis of the acromioclavicular joint; left wrist sprain, strain; left knee internal derangement, status post prior arthroscopy; left leg thrombophlebitis, chronic; status vena cava umbrella cage replacement; obesity; diabetes; lumbar chronic sprain, strain; depression; insomnia; status post left knee arthroscopic medial meniscectomy and chondroplasty in the lateral femoral condyle, 4.5.13. Treatments to date include medications; knee brace (which she lost per 6.11.15 note); physical therapy. In the progress note, dated 6.11.15, the treating provider's plan of care includes a request for an X-Force with Solar Care transcutaneous electrical nerve stimulator unit to reduce pain. Utilization Review also evaluated (purchase) plus 3 months supplies, conductive garment X2 for the bilateral shoulder, left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force Stimulator unit (purchase) plus 3 months supplies, conductive garment x2 for the bilateral shoulders/left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 165 - 220.

Decision rationale: The patient is a 60 year old female with an injury on 02/20/2002. She has neck, bilateral shoulder, left wrist and left knee pain. She also had chronic low back pain, obesity and depression. The request is an X-force stimulator for both shoulders and left knee. According to MTUS, ACOEM, page 181, Stimulator units for neck injuries are not a recommended treatment. Also, these units are not mentioned as a recommended treatment in ACOEM for shoulder injuries. The X-Force Stimulator is not medically necessary.