

Case Number:	CM15-0029893		
Date Assigned:	02/23/2015	Date of Injury:	09/01/2012
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 September 1, 2012. She has reported weakness and decreased range of motion in the right shoulder, neck pain and low back pain associated with radiating pain, tingling and numbness to the lower extremities and feet. The diagnoses have included right shoulder disruption, left knee internal disruption, cervical discogenic disease, lumbar discogenic disease, left shoulder internal disruption with possible rotator cuff tear and status post right shoulder arthroplasty. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, surgical intervention of the right shoulder, conservative therapies, pain medications and work restrictions. Currently, the IW complains of weakness and decreased range of motion in the right shoulder, neck pain and low back pain associated with radiating pain, tingling and numbness to the lower extremities and feet. The injured worker reported an industrial injury in 2012, resulting in weakness and decreased range of motion in the right shoulder, neck pain and low back pain associated with radiating pain, tingling and numbness to the lower extremities and feet. She reported carrying 1 gallon jugs and experiencing pain afterward. She was treated conservatively and surgically without complete resolution of the pain. She was scheduled for physiotherapy however it was noted she was not attending all sessions. The urinary drug screen to monitor medication compliancy was inconsistent with the prescribed medications. On December 23, 2014, evaluation revealed continued pain. There was a well healed surgical scar on the right shoulder and the plan was to proceed with left shoulder surgery. On January 26, 2015, Utilization Review non-certified a request for Purchase of Zynex Electro therapy device one (1) unit and supplies, noting the

MTUS, ACOEM Guidelines, (or ODG) was cited. On February 11, 2015, the injured worker submitted an application for IMR for review of requested Purchase of Zynex Electro therapy device one (1) unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Zynex Electro therapy device one (1) unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no documentation that the patient have ongoing neuropathic pain. There is no documentation of failure of conservative therapy or a compliance of the patient with her medication. Therefore, Purchase of Zynex Electro therapy device one (1) unit and supplies is not medically necessary.