

Case Number:	CM15-0057356		
Date Assigned:	04/02/2015	Date of Injury:	08/06/2010
Decision Date:	05/21/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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 53 year old female who sustained an industrial injury on 8/6/2010. Her diagnoses, and/or impressions, included: acromioclavicular osteoarthritis; supra-spinatus tendinosis; infra-spinatus tendonitis; subscapularis tendinosis; cervical sprain/strain with cervicgia; right shoulder impingement syndrome; and pain in the right elbow/forearm. Recent magnetic resonance imaging studies of the right shoulder are noted on 2/7/2015. Nerve studies were noted to have been done on 9/26/2014. Her treatments have included urine toxicology screenings; heat/cold therapy; chiropractic treatments - right shoulder; and medication management. Progress notes of 1/29/2015 reported cervical spine pain; moderate-severe right shoulder pain; and mild-moderate right elbow pain. The pain was described as constant, sharp and radiating to her thoracic spine, head and right eye. The physician's requests for treatments were noted to include the rental of a Multi-Stimulation Unit, and the purchase of a heat/cold unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-Stim Unit plus supplies 5-month rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits. It should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. However, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant the Multi-stim unit use for this chronic injury. The Multi-Stim Unit plus supplies 5-month rental is not medically necessary and appropriate.

Purchase of Heat/Cold Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, pages 381-382.

Decision rationale: From the submitted reports, there is no documentation on how often the unit will be used, short-term or long-term goals of treatment with the Purchase of the Heat/Cold Therapy unit nor is there any evidence to include change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from treatment already rendered. MTUS Guidelines is silent on specific use of cold compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The Purchase of Heat/Cold Unit is not medically necessary and appropriate.