

Case Number:	CM15-0059540		
Date Assigned:	04/06/2015	Date of Injury:	04/04/2006
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/30/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 54 year old female, who sustained an industrial injury on April 4, 2006. She has reported bilateral shoulder pain, bilateral leg pain, bilateral knee pain, bilateral ankle pain, jaw pain, neck pain, back pain, stress and anxiety. Diagnoses have included lumbar intervertebral disc disorder, sciatica, and internal derangement of the knee. Treatment to date has included medications, right shoulder surgery, and total knee arthroplasty. A progress note dated February 2, 2015 indicates a chief complaint of bilateral shoulder pain with numbness and tingling, bilateral leg pain with numbness and tingling, bilateral knee pain, bilateral ankle pain with numbness and tingling, jaw pain, neck pain, back pain, stress, and anxiety. The treating physician documented a plan of care that included magnetic resonance imaging of the right shoulder, home interferential unit, bilateral knee braces, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential stimulator unit - 60 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113-117.

Decision rationale: A TENS or inferential unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for an inferential unit and supplies is not documented. Therefore, the requested treatment is not medically necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the shoulder. The records do not document a physical exam with red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the right shoulder is not medically necessary. The medical necessity of a shoulder MRI is not substantiated in the records.

Bilateral knee braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340-59.

Decision rationale: Per the ACOEM, a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In this injured worker with chronic knee pain, the records do not substantiate that she has patellar or MCL instability or ACL tear. The medical necessity of a brace for the right and left knee is not substantiated and is not medically necessary.