

Case Number:	CM14-0129534		
Date Assigned:	08/18/2014	Date of Injury:	02/21/2014
Decision Date:	09/30/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 41-year-old individual was reportedly injured on February 21, 2014. The mechanism of injury was noted as a minor blunt trauma to the head and neck. The most recent progress note, dated May 7, 2014, indicated that there were ongoing complaints of head, right shoulder and low back pains. The physical examination demonstrated a decrease in right shoulder range of motion with a positive impingement sign. Sensory was intact and motor function of the upper extremities was described as 4/5. A decrease in lumbar spine range of motion was reported. A slight decrease in lower extremity sensation and motor function were also noted. Diagnostic imaging studies objectified ordinary disease of life degenerative changes in the lumbar spine. Previous treatment included medication chiropractic care. A request had been made for a prime dual electrical stimulator purchase and was not certified in the pre-authorization process on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Prime dual electrical stimulator purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: When noting the date of injury, the injury sustained, and the findings noted on physical examination, there is no clinical indication for a multiple electronic simulation intervention. There is no noted trial in a physical therapy setting to demonstrate the efficacy. Furthermore, Apple is a 30 day supply that would be endorsed, but without a trial, it is not clinically indicated. Therefore, this is not medically necessary.