

Case Number:	CM14-0149410		
Date Assigned:	09/18/2014	Date of Injury:	03/02/2014
Decision Date:	11/19/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a female patient with the date of injury of March 2, 2014. A Utilization Review was performed on September 2, 2014 and recommended non-certification of home exercise kit 5 months rental, multi stim unit 5 months rental, and heat/cold pack 5 months rental. A First Report of Occupational Injury or Illness dated August 7, 2014 identifies Subjective Complaints of left shoulder pain that radiates to chest, left elbow, and fingers. Diagnoses identify cervicalgia, disorder of bursae, and impingement syndrome. Treatment Plan identifies home exercise kit for cervical spine, heat and cold pack for cervical spine, and multi stim unit for 5 months rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heat and cold packs 5 months rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low Back Chapter, Cold/Heat Packs

Decision rationale: Regarding the request for heat and cold packs 5 months rental, Occupational Medicine Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in

conjunction with the program of functional restoration. American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) recommend the use of cold packs for acute complaints. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, there is no indication that the patient has acute pain. Additionally, it is unclear what program of functional restoration the patient is currently participating in which would be used alongside the currently requested heat and cold pads. In the absence of clarity regarding those issues, the currently requested heat and cold packs 5 months rental is not medically necessary.

Home exercise kit for 5 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 46-47 of 127.

Decision rationale: Regarding the request for home exercise kit for 5 months rental, Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. ODG states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. Additionally, there is no statement indicating how the requested exercise equipment will improve the patient's ability to reform a home exercise program, or that the patient has been instructed in the appropriate use of such equipment to decrease the chance of further injury. In the absence of such documentation, the currently requested home exercise kit for 5 months rental is not medically necessary.

Multi-stim unit for 5 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrotherapy) Page(s): 116, 120, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 114-121 of 127.

Decision rationale: Regarding the request for Multi-stim unit for 5 months rental, this unit is a combination electrical stimulation unit which includes TENS, interferential current, galvanic stimulation, and neuromuscular stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Chronic Pain Medical Treatment Guidelines state that TENS 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. Guidelines go on to

state the galvanic stimulation is not recommended. Additionally, guidelines state that interferential current stimulation is not recommended as an isolated intervention except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Finally, guidelines state that neuromuscular electrical stimulation is not recommended. Within the documentation available for review, there is no indication that the patient is failed a TENS unit trial, as recommended by guidelines prior to an interferential unit trial. Additionally, there is no indication that the interferential current stimulation will be used as an adjunct to program of evidence-based rehabilitation, as recommended by guidelines. Furthermore, guidelines do not support the use of galvanic stimulation or neuromuscular stimulation. As such, the currently requested Mutli-stim unit for 5 months rental is not medically necessary.