

Case Number:	CM14-0083068		
Date Assigned:	07/18/2014	Date of Injury:	11/15/2011
Decision Date:	10/27/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/04/2014

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 Neurological Surgery 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:

The records presented for review indicate that this 47-year-old gentleman was reportedly injured on November 15, 2011. The mechanism of injury was stated to be repetitive bending, stooping, and twisting. The most recent progress note, dated April 22, 2014, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated tenderness along the cervical spine paravertebral muscles and a positive axial compression test and Spurling's test. There was pain with terminal motion of the cervical spine. Examination of the shoulders indicates tenderness at the anterior glenohumeral joint and subacromial space. There was a positive Hawkins test. The rotator cuff was stated to be intact. Examination the lumbar spine revealed tenderness along the paravertebral muscles with spasms. There was a positive seated nerve root test and decreased sensation at the lateral thigh and anterior lateral leg and foot in and L5 dermatomal pattern. Muscle weakness was also noted at the EHL. Diagnostic imaging of the lumbar spine dated March 6, 2014, mild degenerative disc and facet disease. In particular there was a disc bulge and facet joint hypertrophy at L4 - L5 and a disc protrusion at L3 - L4. Previous treatment includes physical therapy, subacromial steroid injections, chiropractic care, acupuncture, electrical stimulation, and the use of an inferential current unit, epidural steroid injections, and oral pain medications. A request had been made for an ice unit, a bone stimulator, and a front wheeled walker. And was not certified in the pre-authorization process on May 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back (updated 03/31/14), Cold/Heat Packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Continuous Flow Cryotherapy, Updated August 27, 2014.

Decision rationale: A review of the medical records indicates that the injured employee is not currently approved for or pending a lumbar spine surgery. Considering this, this request for a nice unit is not medically necessary.

Bone Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back (updated 03/31/14), Bone Growth Stimulators

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Bone Growth Stimulator, Updated August 22, 2014.

Decision rationale: A review of the medical records indicates that the injured employee is not currently approved for or pending a lumbar spine surgery. Considering this, these the bone stimulator is not medically necessary.

Front Wheeled Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee And Leg (updated03/31/14), Walking Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Walkers, Updated October 7, 2014.

Decision rationale: A review of the medical records indicates that the injured employee has not been approved for or scheduled for a lumbar spine surgery. Considering this a front wheel Walker is not medically necessary.