

Case Number:	CM14-0219137		
Date Assigned:	02/06/2015	Date of Injury:	05/31/2011
Decision Date:	03/30/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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, Arizona

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 57-year-old male who reported an injury on 05/31/2011. The mechanism of injury was not specifically stated. The current diagnoses include gastroesophageal reflux disorder, sleep disturbance, essential hypertension, hyperlipidemia, erectile dysfunction, allergic rhinitis, sinus bradycardia, onychomycosis, and benign prostatic hypertrophy. The latest physician progress note submitted for review is a Panel Qualified Medical Evaluation on 09/23/2014. The injured worker presented with complaints of pain and weakness in the left shoulder and difficulty sleeping at night. The current medication regimen includes Ambien 10 mg, omeprazole 20 mg, acetaminophen with codeine, bisacodyl 5 mg, fluticasone spray, atenolol, and atorvastatin. Upon examination, there was a superficial scar on the upper abdomen above the umbilicus on the right side, a right elbow vertical scar, fungal infection involving the toenails bilaterally, and intact sensation. Further discussion was deferred to the appropriate orthopedic and psychiatric specialists. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conductive garment (glove) and supplies for Ortho Stim4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines state a form fitting TENS device is only considered medically necessary when there is documentation of a large area that requires stimulation that a conventional system cannot accommodate. While it is noted that the injured worker utilized an OrthoStim4 unit in 03/2014 for the finger, there was no indication that this injured worker was currently utilizing the above durable medical equipment. There was no documentation of objective functional improvement to support the necessity for ongoing use of the device. The medical necessity for a conductive garment has not been established. Therefore, the request is not medically appropriate at this time.