MAXIMUS Federal Services

Case Number:	CM14-0095886		
Date Assigned:	07/25/2014	Date of Injury:	03/14/2014
Decision Date:	10/06/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/24/2014

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: Pennsylvania, Ohio, California
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 50-year-old male who sustained an industrial injury on 03-14-2014. Mechanism of injury was repeated trauma. Diagnoses include shoulder impingement, cervical-lumbar and bilateral knee strain. Treatment to date has included activity modifications, medications, and therapy, chiropractic sessions. On 05-07-2014, an Electro diagnostic report showed electrophysiological evidence most consistent with an acute mild right S1 sensory radiculopathy and there is evidence of an acute mild left L3 hypo function. On 05-09-2014 and electro diagnostic study showed evidence most consistent with an acute left C6 sensory radiculopathy and also findings of mild right C6 and mild right C8 hypofunction. Medications include Naprosyn and Ketoprofen 20% and Lidocaine Hcl 12.3% transderm. A physician progress note dated 05-05-2015 documents the injured worker complains of bilateral knee pain, which he rates as 6 out of 10. He does receive some help with chiropractic sessions. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for Voltage actuated sensory nerve conduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltage actuated sensory nerve conduction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Current Perception Threshold Testing.

Decision rationale: MTUS is silent on this issue. ODG discusses voltage actuated sensory nerve conduction testing in the section on Pain, referring to this technology as Current Perception Threshold Testing. This treatment is not recommended and is considered experimental in nature. The treatment is not medically necessary.