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| Case Number: | CM15-0061875 | | |
| Date Assigned: | 04/07/2015 | Date of Injury: | 06/14/2014 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 04/01/2015 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 25 year old male, who sustained an industrial injury on June 14, 2014. The injured worker reportedly suffered a laceration injury while cutting metal with a saw. Diagnoses have included severe laceration of the forearm, and rule out neuropathy. Treatment to date has included medications and imaging studies. A progress note dated January 29, 2015 indicates a chief complaint of left arm pain and burning with tingling of the forearm and hand. There was no comprehensive physical examination provided on the requesting date. The physician recommended electrodiagnostic studies for the left upper extremity and a Functional Capacity Evaluation. 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:

One month trial of Neurostimulator TENS - EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1-month, home based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. In this case, there is no evidence that other appropriate pain modalities have been tried and failed, including medication. There is no indication that this injured worker is actively participating in a rehabilitation program. In addition, there was no comprehensive physical examination provided. Given the above, the request is not medically necessary.

One month supply for TENS/EMS unit (electrodes, batteries, lead wires): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 EMG/NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. In this case, there was no documentation of a comprehensive physical examination of the cervical spine or the left upper extremity. There was no mention of an exhaustion of conservative management prior to the request for electrodiagnostic studies. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.

1 Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): s 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. The Official Disability Guidelines recommend a Functional Capacity Examination when case management is hampered by complex issues and the timing is appropriate. In this case, there is no indication that this injured worker has exhausted conservative treatment. There is no indication that this injured worker has reached or is close to reaching Maximum Medical Improvement. In addition, there is no evidence of any previous unsuccessful return to work attempts. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.