

Case Number:	CM14-0102497		
Date Assigned:	07/30/2014	Date of Injury:	08/12/2013
Decision Date:	09/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/02/2014

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 patient with the date of injury of August 12, 2013. A utilization review determination dated June 4, 2014 recommends noncertification of an X-force stimulator. A progress note dated June 17, 2014 identifies subjective complaints of pain in the right shoulder. Objective examination findings revealed tenderness over the cervical spine with positive Spurling's maneuver. The right shoulder has positive impingement test with tenderness over the AC joint. The hand and wrist have positive Tinel's and Phalen's test with tenderness over the Volar, radial, and Palmer aspects. The right knee examination reveals tenderness over the medial and lateral joint line on the right. Diagnoses include cervical spine disc protrusion, right shoulder impingement syndrome, right wrist sprain/strain, right carpal tunnel syndrome, right knee sprain/strain, and right De Quervain's syndrome. The treatment plan recommends a home X-force device. The patient had relief when she was using TENS in physical therapy. She is not continuing with active therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase - X-Force Stimulator: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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 recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a 30 day TENS unit trial with documentation of analgesic benefit, objective functional improvement, and reduction in medication use. Additionally, guidelines do not contain criteria for the use of the TEJS modality provided (in addition to TENS) on the X-force device. No peer-reviewed scientific literature supporting the use of TEJS for any of this patient's diagnoses have been provided. Guidelines require support for all modalities when using a multi modality device. In the absence of clarity regarding those issues, the request is not medically necessary.