

Case Number:	CM14-0118276		
Date Assigned:	08/06/2014	Date of Injury:	11/23/2010
Decision Date:	10/14/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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 Family Practice, 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:

37 yr. old female claimant sustained a work injury on involving the neck and right shoulder. She was diagnosed with cervical disc degeneration and foraminal stenosis as well as right shoulder impingement syndrome. She underwent shoulder surgery in February 2014. A progress note on 6/2/14 indicated the claimant had 6/10 axial pain. She was using oral analgesics for pain. Exam findings were notable for lumbar tenderness and reduced range of motion with a positive straight leg raise bilaterally. A subsequent request was made for a muscle stimulator and use of heat/cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle 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 -Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACEOM guidelines, physical modalities including various stimulation units have no proven efficacy for low back symptoms. Benefits may be short-term.

The length of use of the muscle stimulator was also not specified in this case. The request above is not medically necessary.

Hot and Cold Therapy 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 -Neck and Upper back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 299.

Decision rationale: According to the ACOEM guidelines, hot or cold therapy is recommended for the first few days after an acute injury. In this case, the claimant's injury was not recent. There is no indication for timeline of a therapy unit use. The request above is not medically necessary.