

Case Number:	CM13-0044761		
Date Assigned:	12/27/2013	Date of Injury:	09/28/2012
Decision Date:	03/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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:

The patient is a 67 year old male with of date of injury 9/28/2012. Patient injured himself while walking up to an auditorium stage. He missed the last step and fell. An evaluation by the treating orthopedist, dated 9/30/2013 reported subjective complaints: The patient experiences constant slight to intermittent moderate and occasionally severe low back pain. His pain increases with prolonged standing, walking or sitting activities. He has difficulty bending, stooping, squatting, twisting, and turning. His pain level varies throughout the day. He rates his lumbar pain at 3/10. The patient experiences constant slight intermittent moderate and occasionally severe pain at the left shoulder. His pain increases with rotation, lifting, carrying, pushing, pulling and above-shoulder reaching. Objective findings: On examination, the patient is well-developed, well-nourished male who appears his stated age. He is alert, oriented and appears to be in no acute distress. He walks with a limp favoring the right leg. He uses a cane for ambulatory assistance. He is able to squat. Left shoulder examination reveals normal configuration, with no apparent atrophy, edema, ecchymoses, effusion, scapular winging, or other deformities. No scars are noted. There is tenderness to palpation over the left shoulder. There is full range of motion. The patient's diagnoses are: 1. Left humerus fracture. 2. Fracture of the lumbar vertebra. 3. Depression. 4. Anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Interspace Interferential (IF) 11, monthly supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Interferential Stimulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Interferential Current Stimulation (ICS).

Decision rationale: Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain and knee pain. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique.

Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Cold packs.

Decision rationale: The ODG cites no evidence that rotating heat and cold to the lumbar is effective in treating chronic lumbar pain. Cold therapy unit is not medically necessary.

Hot/Cold Pads with assembly straps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Taping, and Cryotherapy.

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

Decision rationale: Since the authorization of a cold therapy unit is not medically necessary, none of the associated services are medically necessary.