

Case Number:	CM13-0069789		
Date Assigned:	01/03/2014	Date of Injury:	05/08/2012
Decision Date:	06/04/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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 & Rehabilitation, and is licensed to practice in Illinois. 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:

The injured worker is a 43-year-old female who reported an injury on 05/08/2012 after an assault by a patient. The injured worker reportedly sustained an injury to her neck and cervical area. The injured worker's treatment history included physical therapy, acupuncture, chiropractic care, multiple medications, and cognitive behavioral therapy. The injured worker was evaluated on 10/23/2013. It was documented that the injured worker had continued severe neck pain interfering with her abilities to participate in activities of daily living. Physical findings included tenderness to palpation and myospasms of the bilateral paracervical musculature, limited range of motion secondary to pain with a positive foraminal compression test, and a positive cervical distraction test. The injured worker's diagnoses included cervical intervertebral disc syndrome with associated radicular features, and cervical sprain/strain and associated radicular features with cephalgia. It was documented that the injured worker had participated in interferential stimulation therapy and traction during office visits with good results. Therefore, a treatment recommendation of an ART interferential stimulator unit for a 30-day trial was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART HOME THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120-127. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The requested Art Home Therapy is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends interferential stimulation after the injured worker has failed all other first line chronic pain management treatments. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to several treatment modalities. However, there is no documentation of a trial of a TENS unit. Also, the California Medical Treatment Utilization Schedule recommends interferential current stimulation as an adjunct therapy to an active functional restoration program. There is no documentation that the injured worker is currently participating in any type of active therapy to include physical therapy or an independent home exercise program. Also, the request as it is submitted does not clearly define a frequency or duration of treatment. The California Medical Treatment Utilization Schedule recommends a 30-day trial for appropriately identified patients to determine effectiveness of this treatment modality and support continued use. The clinical documentation does not provide any evidence that the injured worker has undergone a 30-day home based trial of interferential current stimulation. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Art Home Therapy is not medically necessary or appropriate.