

Case Number:	CM14-0105156		
Date Assigned:	07/30/2014	Date of Injury:	09/10/2002
Decision Date:	10/17/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal 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 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 patient is a 53-year-old female with a date of injury on 09/10/2002 with mechanism of injury as a fall after tripping on uneven pavement/sidewalk and she injured low back and bilateral knees. Medication management with Tramadol, topical creams, and Ativan are in the most recent notes. Physical therapy is employed and a recent note states that it is helping her pain. The current request is for an IF unit and hot/cold unit for lumbar spine and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit for the lumbar and knees: Upheld

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

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

Decision rationale: MTUS guidelines state that IF devices should not be used as an isolated intervention. There is very poor evidence or lack of any evidence in treatment of either orthopedic or soft tissue disorders. As such, this type of treatment IF unit for the lumbar and knees is not medically necessary.

Hot/cold unit for lumbar and knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 and knee, Heat and cold therapy

Decision rationale: MTUS is generally silent on these issues for specific pain treatments. ODG states both heat and cold therapy can work well as an adjunct to treatment for chronic pain syndromes, including knee and lumbar back. Given the patient's inability to ambulate well and reported wheelchair bound status, a hot/cold unit is reasonable to use versus standard therapies of cold or heat packs. As such, I am reversing the prior UR decision and the hot/cold unit is medically necessary.