

Case Number:	CM14-0039371		
Date Assigned:	06/27/2014	Date of Injury:	12/06/2012
Decision Date:	08/18/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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 and is licensed to practice in Nevada. 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 44 year-old female who was reportedly injured on 12/6/2012. The mechanism of injury is noted a lifting injury which occurred while bending over to pick up a box of copy paper. The most recent progress note dated 2/20/2014, was handwritten and indicates that there are ongoing complaints of neck pain, right upper extremity pain and low back pain. Physical examination demonstrated tenderness to the neck, low back, right shoulder and right wrist; decreased sensation to the thumb and thenar; 5/5 motor strength in the upper extremities are laterally. A request was made for chiropractic services, #6 visits (23) and an Interferential Unit Replacement. The utilization review on 3/20/2014 approved #6 Chiropractic visits for the cervical spine; however, denied the Interferential Unit Replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services; six (6) visits (2x3): 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59.

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not support an Interferential (IF) Unit as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with physical therapy, exercise and medications. Although the injured worker reportedly used and lost her IF unit, there is no clinical documentation of ongoing physical therapy or pain that is ineffectively controlled with medications. As such, this request is not medically necessary and appropriate.

Interferential unit replacement: 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 118-120.

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not support an Interferential (IF) Unit as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with physical therapy, exercise and medications. Although the injured worker reportedly used and lost her IF unit, there is no clinical documentation of ongoing physical therapy or pain that is ineffectively controlled with medications. As such, this request is not medically necessary and appropriate.