

<b>Case Number:</b>	CM15-0139992		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/07/2015
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old male, who sustained an industrial injury on 4-07-2015. Diagnoses include bilateral knee sprain or strain, memory issues, cervical spine sprain or strain, bilateral shoulder sprain or strain, bilateral wrist sprain or strain, lumbar spine sprain or strain, and bilateral hip sprain or strain. Treatment to date has included diagnostics, modified work, surgical intervention, and medications. Per the handwritten Primary Treating Physician's Progress Report dated 4-30-2015, the injured worker reported pain in the neck, elbows, lower back, bilateral wrists and hands, bilateral hips, bilateral knees and bilateral feet. Physical examination revealed no changes. The plan of care included consultation requests, diagnostics, medications and durable medical equipment. Authorization was requested for durable medical equipment including an inferential unit with garment for 2 months rental, LSO brace, bilateral elbow and wrist braces, and a cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit with garment x 2 month rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 05/04/2015)- Online version; ODG Pain; ODG Low Back; ODG Knee & Leg.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120 of 127.

**Decision rationale:** Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation as outlined above. Furthermore, the request exceeds the MTUS recommendation for a one-month trial and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.

**LSO brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Regarding the request for LSO brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of relief and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested LSO brace is not medically necessary.

**Bilateral elbow and wrist braces:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 26, 272.

**Decision rationale:** Regarding the request for braces, California MTUS does support the short-term use of splinting in the management of some wrist and elbow conditions. Within the documentation available for review, there is no clear indication of a condition for which bracing of the wrists and elbows would be indicated in this patient with chronic pain and no clear rationale for their use has been provided. In the absence of clarity regarding the above issues, the currently requested braces are not medically necessary.

**Cane:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Knee Chapters, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** Regarding the request for a cane, CA MTUS does not address the issue. Official Disability Guidelines state that assistive devices are recommended to assist with ambulation for patients with arthritis. Within the documentation available for review, there is no indication of a condition for which an assistive device would be indicated and no rationale for the use of such a device has been presented. As such, the currently requested cane is not medically necessary.