

Case Number:	CM15-0166386		
Date Assigned:	09/04/2015	Date of Injury:	06/16/1997
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 72 year old male, who sustained an industrial injury on 06-16-1997. The injured worker was diagnosed as having lumbar spine sprain-strain and right knee sprain. On medical records dated 07-21-2015 and 03-10-2015, objective findings were noted as lumbar spine having tenderness in paraspinals with guarding and spasms. Right knee tenderness to palpation at medial joint line-peripatellar, positive crepitus and post McMurrey's sign was noted as well. The injured worker was noted to be retired. The injured worker underwent chiropractic therapy, Synvisc injections of right knee, home exercise program and IFC unit. The Utilization Review (UR) was dated 08-20-2015. The UR submitted for this medical review indicated that the request for IF Unit purchase and supplies was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit purchase and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the guidelines an IF unit is 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 post-operative knee pain. In this case, the claimant had the IF unit for several months. There was no recent surgery. Indefinite use is not indicated. Prior TENS use was not noted. Purchase of an IF unit is not medically necessary.