

Case Number:	CM15-0216345		
Date Assigned:	11/06/2015	Date of Injury:	06/09/2015
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 65 year-old who has filed a claim for neck, knee, low back, and shoulder pain reportedly associated with an industrial injury of June 9, 2015. In a Utilization Review report dated October 29, 2015, the claims administrator failed to approve requests for an interferential unit and an exercise kit. The claims administrator did, however, approve a neurology consultation, an ophthalmology consultation, an internal medicine consultation, and a moist heating pad. The applicant's attorney subsequently appealed. On an RFA form dated October 2, 2015, authorization for an exercise kit and an associated technician fee was sought. On an RFA form dated September 15, 2015 interferential unit and moist heating pads were endorsed, along with a neurology consultation, an ophthalmology consultation, and an internal medicine consultation. On a Doctor's First Report (DFR) dated September 3, 2015, the applicant reported multifocal complaints of neck pain, arm pain, shoulder pain, knee pain, low back pain, and headaches, reportedly attributed to cumulative trauma at work. Overall commentary was sparse. A clear rationale for the home exercise kit and interferential stimulator device was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for an interferential unit was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, insufficient evidence exists to determine the effectiveness of interferential therapy, a non-invasive treatment involving electrical stimulation. The MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 also notes that transcutaneous electrical nerve stimulation (TENS), which the interferential stimulator device in question is a subset, is likewise deemed "not recommended" as part of initial approaches to treatment. Here, little-to-no narrative commentary accompanied the September 3, 2015 RFA form. A clear rationale for the device in question was not seemingly furnished in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request is not medically necessary.

Exercise kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for an exercise kit was likewise not medically necessary, medically appropriate, or indicated here. One of the applicant's pain generators was the low back. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes, however, that back-specific exercise machines, i.e., an article essentially analogous to the device in question, are deemed "not recommended" in evaluation and management of applicants with low back pain complaints, as were/are seemingly present here. As with the preceding request, little- to-no narrative commentary accompanied the RFA form so as to potentially offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.