MAXIMUS Federal Services

Case Number:	CM15-0032529		
Date Assigned:	02/26/2015	Date of Injury:	04/01/2014
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 28 year old female, who sustained an industrial injury on April 1, 2014. She has reported neck pain, upper back pain, bilateral shoulder pain, and bilateral wrist and hand pain. The diagnoses have included neck sprain, thoracic spine sprain, bilateral shoulder sprain, and bilateral wrist sprain. Treatment to date has included chiropractic treatment, wrist splinting, and imaging studies. A progress note dated August 29, 2014 indicates a chief complaint of continued neck pain, upper back pain, bilateral shoulder pain, and bilateral wrist and hand pain. Physical examination showed decreased range of motion of the cervical spine, decreased Rom of the thoracic spine with tenderness, decreased Rom of the shoulders with tenderness to palpation, and decreased range of motion of the wrists with tenderness to palpation. The treating physician is requesting a one month rental of an Avid interferential unit, four packs of electrodes, 12 power pack, sixteen adhesive remover towel mint, and one lead wire. On January 23, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule, Official Disability Guidelines, and non-California Medical Treatment Utilization Schedule. On February 20, 2015, the injured worker submitted an application for IMR of a request for a one month rental of an Avid interferential unit, four packs of electrodes, 12 power pack, sixteen adhesive remover towel mint, and one lead wire.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month rental of Avid intetferential unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, one-month rental Avid Interferential unit (ICS) is not medically necessary because the documentation indicates 90 day home use. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnosis are posttraumatic cervical, thoracic sprain complicated by suspected loss of the normal anticipated cervical lordotic curve and suspected disc derangement at C5 - C6; exacerbated posttraumatic left and right shoulder sprain complicated by suspected impingement and/or entrapment and suspected tear of the labrum; and exacerbated posttraumatic chronic right and left and wrist sprain with suspected carpal syndrome. ICS treatment is appropriate in pain that is not controlled with standard treatment. The documentation indicates the injured worker is receiving ongoing chiropractic and physical therapy modalities. There is no documentation of failed conservative measures in the medical record. Documentation for a June 25, 2014 progress note does not contain a clinical indication or rationale in the medical record regarding ICS. A supplemental report (undated) from the treating physician indicates a 90-day home use trial is recommended. The guidelines state if the Patient Selection Criteria are documented and met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. The Patient Selection Criteria were not met and the treating physician is requesting 90 day home use ICS. The request for authorization does not specify a one-month clinical trial. Consequently, absent clinical documentation meeting the patient selection criteria with a request for a one-month clinical trial, one-month rental Avid Interferential unit (ICS) is not medically necessary because the documentation indicates 90 day home use.

4 packs of electrodes: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, #4 packs of electrodes are not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnosis are posttraumatic cervical, thoracic sprain complicated by suspected loss of the normal anticipated cervical lordotic curve and suspected disc derangement at C5 - C6; exacerbated posttraumatic left and right shoulder sprain complicated by suspected impingement and/or entrapment and suspected tear of the labrum; and exacerbated posttraumatic chronic right and left and wrist sprain with suspected carpal syndrome. ICS treatment is appropriate in pain that is not controlled with standard treatment. The documentation indicates the injured worker is receiving ongoing chiropractic and physical therapy modalities. There is no documentation of failed conservative measures in the medical record. Documentation for a June 25, 2014 progress note does not contain a clinical indication or rationale in the medical record regarding ICS. A supplemental report (undated) from the treating physician indicates a 90 day home use trial is recommended. The guidelines state if the Patient Selection Criteria are documented and met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. The patient selection criteria are not met and the treating physician is requesting 90 day home use ICS. The request for authorization does not specify a one-month clinical trial. A one-month rental Avid Interferential unit (ICS) is not medically necessary because the documentation indicates 90-day home use. Consequently, if the Avid IF is not medically necessary then #4 pack of electrodes is not medically necessary.

12 power pack: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, #12 power pack is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnosis are posttraumatic cervical, thoracic sprain complicated by suspected loss of the normal anticipated cervical lordotic curve and suspected disc derangement at C5 - C6; exacerbated posttraumatic left and right shoulder sprain complicated by suspected impingement and/or entrapment and suspected tear of the labrum; and exacerbated posttraumatic chronic right and left and wrist sprain with suspected carpal syndrome. ICS treatment is appropriate in pain that is not controlled with standard treatment. The documentation indicates the injured worker is receiving ongoing chiropractic and physical therapy modalities. There is no documentation of failed conservative measures in the medical record. Documentation for a June 25, 2014 progress note does not contain a clinical indication or rationale in the medical record regarding ICS. A supplemental report (undated) from the treating physician indicates a 90-day home use trial is recommended. The guidelines state if the Patient Selection Criteria are documented and met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. The patient selection criteria are not met and the treating physician is requesting 90 day home use ICS. The request for authorization does not specify a one-month clinical trial. A one-month rental Avid Interferential unit (ICS) is not medically necessary because the documentation indicates 90-day home use. Consequently, if the Avid IF is not medically necessary then a #12 power pack is not medically necessary.

16 adhesive remover towel mint: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, #16 adhesive remover towels mint are not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection

Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnosis are posttraumatic cervical, thoracic sprain complicated by suspected loss of the normal anticipated cervical lordotic curve and suspected disc derangement at C5 - C6; exacerbated posttraumatic left and right shoulder sprain complicated by suspected impingement and/or entrapment and suspected tear of the labrum; and exacerbated posttraumatic chronic right and left and wrist sprain with suspected carpal syndrome. ICS treatment is appropriate in pain that is not controlled with standard treatment. The documentation indicates the injured worker is receiving ongoing chiropractic and physical therapy modalities. There is no documentation of failed conservative measures in the medical record. Documentation for a June 25, 2014 progress note does not contain a clinical indication or rationale in the medical record regarding ICS. A supplemental report (undated) from the treating physician indicates a 90 day home use trial is recommended. The guidelines state if the Patient Selection Criteria are documented and met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. The patient selection criteria are not met and the treating physician is requesting 90 day home use ICS. The request for authorization does not specify a one-month clinical trial. A one-month rental Avid Interferential unit (ICS) is not medically necessary because the documentation indicates 90-day home use. Consequently, if the Avid IF is not medically necessary then #16 adhesive remover towels mint are not medically necessary.

1 lead wire: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, #1 lead wire is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and

benefits. In this case, the injured worker's working diagnosis are posttraumatic cervical, thoracic sprain complicated by suspected loss of the normal anticipated cervical lordotic curve and suspected disc derangement at C5 - C6; exacerbated posttraumatic left and right shoulder sprain complicated by suspected impingement and/or entrapment and suspected tear of the labrum; and exacerbated posttraumatic chronic right and left and wrist sprain with suspected carpal syndrome. ICS treatment is appropriate in pain that is not controlled with standard treatment. The documentation indicates the injured worker is receiving ongoing chiropractic and physical therapy modalities. There is no documentation of failed conservative measures in the medical record. Documentation for a June 25, 2014 progress note does not contain a clinical indication or rationale in the medical record regarding ICS. A supplemental report (undated) from the treating physician indicates a 90 day home use trial is recommended. The guidelines state if the Patient Selection Criteria are documented and met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. The patient selection criteria are not met and the treating physician is requesting 90 day home use ICS. The request for authorization does not specify a one-month clinical trial. A one-month rental Avid Interferential unit (ICS) is not medically necessary because the documentation indicates 90-day home use. Consequently, if the Avid IF is not medically necessary then #1 lead wire is not medically necessary.