

Case Number:	CM15-0033398		
Date Assigned:	02/26/2015	Date of Injury:	12/19/2013
Decision Date:	07/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old female, who sustained an industrial injury on December 19, 2013. She reported pain starting in the bilateral elbows radiating to the hands, worse when changing pillowcases. The injured worker was diagnosed as having cervical spine sprain/strain, bilateral shoulder sprain/strain, thoracic/lumbar spine sprain/strain, bilateral knee sprain/strain rule out meniscus tear, bilateral hips sprain/strain, and bilateral forearm/wrists carpal tunnel syndrome/tenosynovitis. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of insomnia, depression, headaches and pain in the neck, shoulders, arms, elbows, forearms, wrists, hands, fingers, hips, legs, knees, ankles, and feet. The Primary Treating Physician's report dated January 20, 2015, noted the injured worker with tenderness with muscle spasms over the cervical paraspinal muscles, bilaterally with restricted, painful range of motion (ROM). The shoulders were noted to have tenderness with muscle spasms over the paraspinal muscles bilaterally with restricted and painful range of motion (ROM).tenderness was noted over the bilateral hips, thoracic/lumbar spine, and ankles/feet. The treatment plan was noted to include radiological studies, physical therapy, medications, Interferential unit, hot/cold pack/wrap, exercise kits, wrist/knees/ankles/lumbar support, acupuncture, Functional Capacity Evaluation (FCE), and consultations with orthopedist, neurologist, psychologist, internal medicine, podiatrist, and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Ankle Supports for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter, Richie Brace; Ankle Chapter, Immobilization.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot-Bracing (immobilization).

Decision rationale: Bilateral Ankle Supports for Purchase are not medically necessary per the MTUS Guidelines. The ACOEM MTUS Guidelines state that prolonged supports or bracing for the ankle without exercise are not recommended due to risk of debilitation. The ODG does not recommend ankle bracing without a clearly unstable joint. The documentation does not indicate instability in the joint and the guidelines do not support long term bracing therefore this request is not medically necessary.

Bilateral Elbow Supports for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter, Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44,45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow- Splinting (padding).

Decision rationale: Bilateral elbow supports for purchase are medically necessary per the MTUS and the ODG Guidelines. The ODG state that the elbow supports are recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). The MTUS states that elbow supports can be used for epicondylgia despite limited evidence for use. The ODG states that these are under study for epicondylitis. The documentation indicates that the patient has prior elbow braces and it is not clear that they have provided functional improvement therefore this request is not medically necessary.

IF Unit with Electrodes x10, batteries x10, set-up and delivery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: IF Unit with Electrodes x10, batteries x10, set-up and delivery is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential 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. Additionally, the MTUS guidelines state that an interferential unit requires a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The MTUS states that while not recommended as an isolated intervention an interferential unit can be considered if pain is ineffectively controlled due to diminished effectiveness of medications. The documentation does not indicate that the patient has had this one month trial with outcomes of decreased medication, increased function and decreased pain. The documentation does not support the medical necessity of the Interferential Unit.