

Case Number:	CM15-0036892		
Date Assigned:	03/05/2015	Date of Injury:	06/18/2014
Decision Date:	04/22/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/26/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 6/18/2014. He reported striking his left middle finger against a metal railing and sustaining a laceration. The diagnoses have included cervical herniated nucleus pulposus (HNP) and lumbar sprain/strain with herniated nucleus pulposus (HNP). Treatment to date has included medication. According to the progress report dated 1/22/2015, the injured worker complained of mild neck pain, mild shoulder pain, moderate to severe right elbow pain, mild left elbow pain, moderate pain in left long finger, mild low back pain, mild left knee pain and severe right knee pain. The treatment plan was for medications and for an X-force stimulator with solar care. Physical exam revealed decreased range of motion to the neck. The right knee had grade 2-3/4 lateral joint line tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- Xforce with solar care: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114.

Decision rationale: The requested equipment is a multi-modality device including transcutaneous electrical nerve stimulation, transcutaneous electrical joint stimulation, and infrared. MTUS discusses indications for individual modalities but does not recommend multi-modal equipment. The records do not provide a rationale for such a multi-modal device rather than individual treatment modalities. For these reasons this request is not medically necessary.