

Case Number:	CM15-0052347		
Date Assigned:	03/25/2015	Date of Injury:	09/23/2014
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/19/2015

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, Minnesota
 Certification(s)/Specialty: Chiropractor

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 63 year old male, who sustained an industrial injury on 9/23/2014. He reported being jerked in an elevator, injuring his right knee, left hand, neck, and chest. The injured worker was diagnosed as having cervical/thoracic spine strain/sprain, cervicobrachial syndrome, intervertebral disc disorder, sleep disorder, knee/ankle sprain/strain, and chondromalacia patella. Treatment to date has included magnetic resonance imaging to the cervical spine, physical therapy, and medications. Currently, the injured worker complains of cervical spine pain and right knee pain. Pain to the cervical spine was rated 4/10 and no longer radiated to the right arm. Right knee pain was 50-60% improved and no longer radiated to the right ankle. Objective findings listed radiographic imaging of the cervical spine. Current medication regime was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care FIR Heating System purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Heat/cold applications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): all pages.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, there is no recommendation for a Solar Care FIR Heating System purchase. The doctor requests a Solar Care FIR Heating System purchase for the patient to an unspecified area of the body for an unknown period of time. This treatment is not according to the above guidelines and therefore is not medically necessary.

X-Force Stimulator Unit for 90-day rental plus 3 months supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): all pages.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, there is no recommendation of an X-Force Stimulator for 90-day rental plus 3 months supplies which is basically an EMS unit. The doctor requests an X-Force Stimulator for 90 days rental plus 3 months supplies to an unspecified area of injury. The treatment requested is not according to the above guidelines and is therefore not medically necessary.

Conductive Garment times 2: 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 9792.20-9792.26 Page(s): all pages.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, a conductive garment times 2 is not recommended in the guidelines. The doctor requests a conductive garment times 2 apparently for the EMS unit (X-force stim.) to an unknown area of injury. This request for treatment is not according to the above guidelines and is therefore not medically necessary.