

Case Number:	CM15-0082336		
Date Assigned:	05/04/2015	Date of Injury:	08/02/2012
Decision Date:	06/03/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/29/2015

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

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:

This 53 year old male sustained an industrial injury to the neck, back and knee on 3/2/12. Previous treatment included magnetic resonance imaging, physical therapy, aqua therapy and meds. In a pain management consultation dated 3/20/15, the injured worker complained of pain to the neck, back, bilateral shoulders and bilateral upper and lower extremities. Current diagnoses included cervical intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy and internal derangement of the knee. The treatment plan included an orthopedic evaluation for the right knee, bilateral lower extremity electromyography, internal medicine evaluation, a prescription for topical compound cream and requesting authorization for a one-month rental of a home interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential Unit 60 Day Trail: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant the interferential unit for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with exercises not demonstrated here. The Inferential Unit 60 Day Trial is not medically necessary and appropriate.