MAXIMUS Federal Services

Case Number:	CM15-0237745		
Date Assigned:	12/14/2015	Date of Injury:	04/03/2015
Decision Date:	01/22/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	12/04/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female who sustained an industrial injury on April 03, 2015. The worker is being treated for CS strain and sprain, cervical radiculopathy, and bilateral shoulder sprain tendinitis, bilateral CTS, and LS sprain and strain. Subjective: she reported chief complaint of pain in the neck with radiation to bilateral UE greater on the left, bilateral shoulder pain, bilateral wrist pain, and numbness and tingling into bilateral hands left side greater, LS pain. Diagnostic: EMG NCV upper extremity July 2015, September 2015, pending authorization MRI bilateral shoulders. Medication: May 2015, Naprosyn. July 2015, Naprosyn, Omeprazole and Lidoderm patches. August 2015, prescribed ES Tylenol and Lidoderm patches. September and October 2015, Naprosyn, Protonix, and Ultram. Treatment: HEP, chiropractic treatment total 6, medication, August 2015 POC requesting TENS unit trial, modified work and activity, DME wrist brace, PT session completed total 6, acupuncture total 6, July 2015 POC with referral to orthopedist for surgical consultation CTS, September , and October 2015 administered Cortisone injection right CT. On October 30, 2015 a request was made for DME interferential unit with garment that was noncertified by Utilization Review on November 04, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment, Meds-4 IF unit with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per MTUS CPMTG with regard to interferential current stimulation: "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." A garment for the interferential treatment should only be used if there is documentation of the patient's inability to apply the stimulation pads by themselves. The requested treatment is not recommended by the MTUS, and has only limited evidence of improvement when used in conjunction with other recommended treatments, furthermore, there was no documentation justifying the necessity of the requested garment. The request is not medically necessary.