

Case Number:	CM15-0062329		
Date Assigned:	04/08/2015	Date of Injury:	09/19/2013
Decision Date:	05/11/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/01/2015

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: Preventive Medicine, Occupational 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 9/19/2013, while employed as a housekeeper, due to cumulative trauma. The injured worker was diagnosed as having bilateral shoulder pain and chronic low back pain. Treatment to date has included diagnostics, physical therapy, right shoulder surgery in 2013, and medications. A slip and fall, with injury to the right shoulder was noted on 12/01/2011. The Qualified Medical Evaluation report, dated 10/21/2014, noted complaints of pain in the low back and bilateral shoulders. A supplemental progress report, dated 2/12/2015, was submitted. An updated physical examination was not noted. Diagnostic testing was not submitted. A request for durable medical equipment AVID interferential unit, conductive garment, and conductive mist was submitted. The rationale for the requested treatments was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME/AVID IF Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 119-120.

Decision rationale: Due to the uncertainty that IF units are beneficial, Guidelines have very specific criteria before use and/or a trial is recommended. One of these criteria is that an IF unit has to be placed and trialed on an individual by a health care professional. During this supervised trial the patient has to have pain relief before a home trial is recommended. This Guideline standard has not been met and there are no unusual circumstances to justify an exception to the Guidelines. The DME/Avid IF unit and recommended peripherals i.e. conductive garment and conductive mist for 1 month rental is not medically necessary.

Conductive Garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 119 and 120.

Decision rationale: Due to the uncertainty that IF units are beneficial, Guidelines have very specific criteria before use and/or a trial is recommended. One of these criteria is that an IF unit has to be placed and trialed on an individual by a health care professional. During this supervised trial the patient has to have pain relief before a home trial is recommended. This Guideline standard has not been met and there are no unusual circumstances to justify an exception to the Guidelines. The DME/Avid IF unit and recommended peripherals i.e. conductive garment and conductive mist for 1 month rental is not medically necessary.

Conductive Mist for 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 119 and 120.

Decision rationale: Due to the uncertainty that IF units are beneficial, Guidelines have very specific criteria before use and/or a trial is recommended. One of these criteria is that an IF unit has to be placed and trialed on an individual by a health care professional. During this supervised trial, the patient has to have pain relief before a home trial is recommended. This Guideline standard has not been met and there are no unusual circumstances to justify an exception to the Guidelines. The DME/Avid IF unit and recommended peripherals i.e. conductive garment and conductive mist for 1 month rental is not medically necessary.