

Case Number:	CM15-0093891		
Date Assigned:	05/20/2015	Date of Injury:	08/29/2003
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on 8/29/03. She reported pain in her lower back and left foot related to cumulative trauma. The injured worker was diagnosed as having osteochondrosis of the left foot, bursitis and post lumbar laminectomy syndrome. Treatment to date has included a lumbar MRI, chiropractic treatments and an EMG study. Current medications include Terocin patch, Oxycodone and Gabapentin. As of the PR2 dated 4/13/15, the injured worker reports low back and left foot pain. She indicated that current medications are helping with the pain and are being used regularly. The treating physician noted that ART therapy was being used to help with muscular spasms and avoid escalating into the stronger narcotic range. The treating physician requested an ART unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART unit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS); TENS; neuromuscular stimulation (NMES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58.

Decision rationale: ART or active release therapy is a form of manual therapy. Most forms of manual therapy are recommended for a maximum of 18 sessions for low back pain. It is not recommended for foot knee or hand pain. In this case, it was ordered for the foot. In addition, a purchase would imply indefinite use. The request for an ART unit purchase is not recommended as above and not medically necessary.