

Case Number:	CM13-0015458		
Date Assigned:	03/12/2014	Date of Injury:	06/29/2010
Decision Date:	04/15/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old female who reported an injury on 06/29/2010. The mechanism of injury was noted to be the patient's chair broke and fell over while the patient was on a coffee break. The patient was treated with aquatic therapy and land therapy. The patient was treated with acupuncture and medications. The recent documentation submitted for review indicated that the patient's pain complaints were unresolved and the physical examination was unchanged. The patient was noted to have decreased motion in the lumbar spine with full range of motion of the bilateral shoulders. The patient was noted to have no impairment except when she performed maneuvers for the left shoulder, the patient had scapular pain. The patient's pain was 7/10. The patient's diagnoses were noted to include multilevel disc bulges, lumbar spine radiculopathy, multilevel neural foraminal narrowing and left scapular tendonitis. The submitted request for an interferential therapy unit for indefinite use.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL THERAPY UNIT FOR INDEFINITE USE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): s 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118.

Decision rationale: California MTUS does not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work, and exercise. The clinical documentation submitted for review failed to provide the DWC Form RFA and/or physical examination for the requested service. The request as submitted was for indefinite use. There was a lack of documentation indicating if the unit was for rental or purchase per the submitted request. Given the above, the request for intererential therapy unit for indefinite use is not medically necessary.