

Case Number:	CM13-0018313		
Date Assigned:	11/27/2013	Date of Injury:	07/17/2009
Decision Date:	02/11/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 42-year-old female with an injury on July 17, 2009. She was diagnosed with cervical strain, lumbar sacral strain, right knee strain and chondromalacia of the patella. Prior treatments included physical therapy, chiropractic therapy, acupuncture and medications. The patient wears a knee brace and uses a cane. Medication includes Tylenol ES. The pain she experiences is not adequately controlled with meds. There is not evidence of prior TENS trial or use of an IF unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

A two month trial of an interferential (IF) stimulator with electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: CA MTUS chronic pain guidelines, page 118, does not recommend IF as an isolated intervention. It does recommend a one month trial if certain criteria are met. This patient does have ineffectively controlled pain, and is not very responsive to conservative care. MTUS recommends a one month trial in this situation with documented pain reduction and

improvement in function. However, the request for a two month rental of this machine is not appropriate without the one month trial. Therefore, the request for this equipment and its accessories is not necessary.

A power pack with 24 leadwires: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.

An adhesive removal towel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.

A conductive back garment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary item is not medically necessary, none of the associated items are medically necessary.