

Case Number:	CM13-0023876		
Date Assigned:	12/11/2013	Date of Injury:	04/10/2004
Decision Date:	01/17/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/12/2013

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 Orthopedic Surgery 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 claimant is a 46-year-old female who was injured on April 10, 2004. Records indicate injury to the right knee as well as low back. Recent clinical assessments include a July 8, 2013 progress report indicating ongoing complaints of pain about the right knee as well as the low back with right knee examination "unchanged". The claimant was diagnosed with right knee pain, lumbar radiculopathy, insomnia, and cervical and lumbar strains. The records indicate that she had recently undergone an epidural steroid injection to the lumbar spine. At that time there was a request for an interferential stimulator unit for "replacement". It is unclear as to how long the claimant has previously been using an interferential stimulator. There is no indication of acute injury, current imaging or other forms of recent treatment documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: interferential stimulator (IF) unit replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: Based on California Chronic Pain Medical Treatment Guidelines, continued use of an IF unit would not be recommended. The guidelines do not recommend the role of interferential stimulation as an isolated intervention, indicating that its only efficacy is documented in conjunction with returning to work, exercising, and medication usage. The records in this case fail to indicate recent forms of other conservative measures or indication as to why the device would continue to be utilized in this chronic pain setting. The claimant is nearly ten years from the time of injury. The specific request for a replacement IF unit is not medically necessary or appropriate.