

Case Number:	CM13-0036820		
Date Assigned:	12/13/2013	Date of Injury:	02/14/2013
Decision Date:	02/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and 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 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 38-year-old female who reported a work-related injury on 02/14/2013, as a result of a fall. Subsequently, the patient presents for treatment of the following diagnoses: cervical sprain, cervical radiculopathy, right shoulder sprain, thoracic sprain, bilateral knee sprain, insomnia, depression, and pregnancy. The clinical note dated 11/05/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports constant low back pain, bilateral knee pain, neck pain, and right shoulder pain rated at an 8/10. The provider documented upon physical exam of the patient, tenderness and trigger areas to the right side of the paravertebrals, as well as trapezius were noted. Range of motion of the cervical spine was within normal limits. The provider documented tenderness at the right AC joint and subacromial space with range of motion somewhat restricted to the right shoulder in abduction, internal/external rotation, and extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec - Interferential device and supplies (purchase): Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence exhaustion of lower levels of conservative treatment prior to the requested durable medical equipment. California MTUS indicates, "Interferential Unit (IFU) is not recommended as an isolated intervention. It is appropriate for the following conditions: if it is documented and proven to be effective as directed or applied by the physician or provider licensed to provide physical medicine; pain is ineffectively controlled due to diminished effectiveness of medications; pain is ineffectively controlled with medications due to side effects; history of substance abuse; or significant pain from postoperative conditions. In addition, there should be evidence of unresponsiveness to conservative measures, and if those criteria are met, then a 1 month trial may be appropriate." The clinical notes failed to evidence the above. In addition, the clinical notes do not indicate the patient has utilized a trial of this intervention for her pain complaints and the efficacy of treatment. Given all the above, the request for Interspec - interferential device and supplies (purchase) is not medically necessary or appropriate.