

Case Number:	CM13-0054570		
Date Assigned:	12/30/2013	Date of Injury:	07/13/2011
Decision Date:	03/24/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 Interventional Spine 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 57-year-old female with a date of injury of 07/13/2011. The listed diagnoses per [REDACTED] dated 03/19/2013 are: 1) resolved left hip trochanteric bursitis, and 2) resolved left lower extremity iliotibial band syndrome. The earliest progress report provided for review dates 03/19/2013. According to this report, the patient sustained injuries to the left hip and the left knee. Report notes "patient has no limitations of her activities of daily living or her usual and customary work activities as a consequence of her 07/13/2011 industrial injury." Patient reports that she has completed her previously recommended chiropractic care and, due to symptom resolution, is no longer undergoing any treatment for residuals of her injuries. Examination of the left hip shows no tenderness of the bursa. There is no pain on log rolling. Examination of the left knee shows no swelling or effusion. There is no local tenderness. McMurray's tests are negative medially and laterally. The report notes the patient has reached maximum medical improvement and is permanent and stationary. Provided for review is [REDACTED] Rx dated 08/08/2013. [REDACTED] requests interferential current stimulation. No progress report by [REDACTED] was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective (dos 10/27-11/26/13) prospective review of the usage of interferential unit extension: Upheld

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

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

Decision rationale: [REDACTED] submits an Rx dated 08/08/2013 requesting an interferential current stimulation. No progress reports by [REDACTED] are provided for review. The MTUS Guidelines pages 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissues, shoulder pain, cervical neck pain, and postoperative knee pain." In this case, the treater does not discuss why he is requesting an ICS for this patient. There are no progress reports indicating if patient has tried any other recommended treatments in conjunction with a return to work status. The requested ICS is not medically necessary and recommendation is for denial.