

Case Number:	CM13-0056735		
Date Assigned:	12/30/2013	Date of Injury:	12/02/2011
Decision Date:	04/10/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 claimant is a 49-year-old gentleman who sustained multiple orthopedic injuries involving the left upper extremity, including the hand and shoulder, and low back in a work related accident on December 2, 2011. The clinical records provided for review included a report of a cervical MRI on August 1, 2013 that showed moderate disc degeneration and disc bulging from C5-6 through C6-7. There was no documentation of prior surgery in this case. At a recent orthopedic assessment on October 21, 2013 by [REDACTED] subjective complaints of continued pain from the neck to the left upper extremity and low back pain were noted and that a recent course of physical therapy for the cervical spine was not beneficial. Physical examination was documented to show tenderness over the trapezius, rhomboid musculature as well as diminished range of motion with spasm. The claimant's working assessment on that date was cervical spondylosis, carpal tunnel syndrome, sleep disorder and a recommendation was made for use of an interferential unit to diminish muscular spasm and diminish pain. Documentation indicated prior treatment included acupuncture. ˆıı

IMR ISSUES, DECISIONS AND RATIONALES

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

A 30 DAY RENTAL OF AN INTERFERENTIAL UNIT: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, an interferential unit in this case would not be recommended. The current clinical records do not indicate a recent course of conservative care being rendered other than a completed course of formal physical therapy. Interferential stimulation is not recommended as an isolated intervention except in conjunction with return to work measures, home exercise measures and medication usage. The absence of documentation of a concordant treatment plan would fail to support the recommendation for use of an interferential unit for this claimant.