

Case Number:	CM13-0059919		
Date Assigned:	12/30/2013	Date of Injury:	01/23/2013
Decision Date:	05/15/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 35-year-old female who reported an injury on 01/23/2013 after being struck in the back of the head by an object. The injured worker reportedly sustained injury to her right wrist, head, back, hip, and neck. The injured worker's treatment history included chiropractic care, referral to a pain management specialist, and referral to a dentist to manage the injured worker's temporomandibular joint disorder and sprain/strain. The injured worker's other diagnoses included cervicothoracic sprain/strain and lumbar sprain/strain. The injured worker was evaluated on 09/23/2013 and it was documented that she had constant headaches with an increase in spinal mobility secondary to chiropractic care. Physical findings included range of motion of the lumbar spine described as 55 degrees in flexion; 15 degrees in extension. Physical findings of the cervical spine were documented as 30 degrees in right lateral bending and 50 degrees in right rotation. A request was made for an A.R.T. interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

A.R.T INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

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

Decision rationale: The requested A.R.T. interferential unit is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends interferential current stimulation as an adjunct therapy to an active Functional Restoration Program for patients who have pain that is not well controlled with medications and have exhausted all lower levels of chronic pain management. The clinical documentation submitted for review does not provide any evidence the injured worker has failed to respond to a TENS unit in addition to other types of chronic pain management. Additionally, there is no documentation the injured worker is currently participating any type of active therapy that would benefit from the adjunct therapy of an interferential current stimulation unit. Additionally, the request as it is submitted does not provide duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested A.R.T. interferential unit is not medically necessary or appropriate.