

Case Number:	CM14-0006270		
Date Assigned:	02/07/2014	Date of Injury:	09/14/2010
Decision Date:	06/24/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 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 injured worker is a 47-year-old male who reported injury on 09/14/2010 due to an unknown mechanism. The clinical note dated 11/07/2013 indicated diagnoses of cervical myofascial sprain/strain, normal low back examination, chondromalacia of the patella and left knee, plantar fasciitis in bilateral feet, nonunion left lateral malleolus nonindustrial, polyneuropathy bilateral hands and feet and morbid obesity. The injured worker reported intermittent right-sided neck pain, constant bilateral wrist pain with numbness and tingling in the forearms and fingers of both hands, constant low back pain with numbness in the calves and feet, constant left knee pain, popping, and giving way, intermittent right knee pain and popping, and constant bilateral ankle pain. On physical exam of the left knee, the injured worker had complaints consistent with chondromalacia of the patella. The injured worker had medial joint space narrowing on weight-bearing x-rays. The examination of the lumbar spine and neck revealed reduced range of motion and the clinical note indicated this was partly due to the injured worker's obesity. The injured worker complained of paracervical and trapezius tenderness. The examination of both wrists revealed positive Tinel's and Phalen's tests and 2 point discrimination was diminished in all digits. The examination of the injured worker's bilateral feet was consistent with plantar fasciitis. The plantar fasciitis also had what appeared to be a longstanding nonunion in the lateral malleolus. The injured worker had diminished sensation in all toes of both feet and absent Achilles reflexes, which was consistent with peripheral neuropathy. The injured worker was also diagnosed with depression and insomnia. The injured worker previously used the interferential unit at least 2 times daily. The injured worker revealed it improved his quality for sleep. The Request for Authorization was submitted on 11/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 INTERFERENTIAL STIMULATOR W/SUPPLIES (ELECTRODES 12 PACKS, BATTERIES #36, AND ADHESIVE REMOVER WIPES MINT #48): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), INTERFERENTIAL CURRENT STIMULATION (ICS),

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

Decision rationale: The request for 1 Interferential Stimulator w/supplies (electrodes 12 packs, batteries #36, and adhesives remover wipes mint #48) is not medically necessary. The California Chronic Pain Medical Treatment Guidelines states Interferential Stimulation is not recommend as an isolated intervention. The guidelines also indicate 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 interferential is not recommended as an isolated intervention. There was lack of effectiveness of the interferential unit and lack of any other recommended treatment such as work or physical therapy. In addition, there was lack of a complete pain assessment. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for 1 Interferential Stimulator w/supplies (electrodes 12 packs, batteries #36, and adhesives remover wipes mint #48) is not medically necessary.