MAXIMUS Federal Services

Case Number:	CM14-0108294		
Date Assigned:	08/01/2014	Date of Injury:	08/13/2009
Decision Date:	09/25/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 54-year-old female with a reported date of injury on 08/13/2009. The mechanism of injury was due to a trip and fall. Her diagnoses were noted to include lumbosacral radiculopathy, shoulder bursa and tendon disorders, olecranon bursitis, and enthesopathy of the hip. Her previous treatments were noted to include physical therapy, medications, acupuncture, and left wrist ganglion cyst incision. The progress note dated 04/17/2014 revealed complaints of multiple body parts, including the neck and back, which radiated into the upper and lower extremities with numbness and weakness. The injured worker complained of joint pain in the hands that made it difficult to perform her activities of daily living, as well as swelling in multiple joints. The physical examination was not submitted within the medical records. The Request for Authorization form dated 05/05/2014 was for an at home interferential unit for purchase to reduce tension and increase range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: The injured worker has utilized physical therapy, acupuncture, and medications for pain control. The California Chronic Pain Medical Treatment Guidelines do not recommend interferential current stimulation 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 studies for back pain, jaw pain, soft tissue pain, shoulder pain, cervical neck pain, and postoperative knee pain. The proposed treatment for soft tissue injury or for enhancing wound or fracture healing, provides insufficient literature to support the interferential current stimulation for the treatment of these conditions. There is a lack of documentation regarding a 30 day trial with the interferential stimulation unit, or that it will be used in adjunct with a functional restoration approach. Therefore, due to the lack of documentation regarding a trial with an interferential unit, an interferential unit for purpose is not appropriate at this time. As such, the request for Interferential Unit is not medically necessary.