

Case Number:	CM14-0016483		
Date Assigned:	04/11/2014	Date of Injury:	07/22/2012
Decision Date:	05/28/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/10/2014

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 30-year-old female who reported an injury on July 22, 2012 due to a slip and fall which reportedly caused injury to her neck, back, and left hand. The injured worker was evaluated on May 30, 2013. It was documented the injured worker had cervical, mid, low back pain, left wrist pain, and left knee pain that was reduced from 10/10 to 6/10 to 8/10 with chiropractic treatments. It was noted that the injured worker had improvement in lumbar range of motion and cervical range of motion as result of previous chiropractic treatment. The injured worker's diagnoses included cervical sprain/strain, cervicgia, neuritis/neuralgia, thoracalgia, lumbalgia, left hand/wrist pain, and left knee pain. The injured worker's treatment plan included continuation of chiropractic care and a Functional Capacity Evaluation. Retrospective request for interferential unit supplies for 6 months was made. No justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SIX MONTH SUPPLY OF INTERFERENTIAL (IF) UNIT SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS) Section.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends the continued use of interferential stimulation be based on documentation of functional benefit and pain relief. The clinical documentation submitted for review does not provide any evidence that the injured worker was using an interferential unit. Additionally, there is no documentation of functional benefit or pain relief resulting from that unit. Therefore, the need for six months of supplies for an interferential unit is not clearly indicated within the documentation. The request for a six month supply of IF unit supplies is not medically necessary or appropriate.