

<b>Case Number:</b>	CM14-0118887		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/24/2005
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 & Washington. 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 58-year-old female who reported an injury on 08/24/2005 after she jumped into a moving vehicle to attempt to stop it. The injured worker reportedly sustained an injury to her hips. The injured worker underwent total left hip replacement followed by conservative therapy for the right hip to include physical therapy, medications, activity modifications, and steroid blocks. The injured worker underwent an MRI of the right hip on 10/25/2013. It was noted that the injured worker had mild joint space reduction and articular irregularity with an unremarkable labrum. At that time there was no evidence of a vascular necrosis. The injured worker was evaluated on 06/17/2014. Physical findings included right hip flexion limited to 90 degrees with a 5% flexion contracture, internal rotation at 15 degrees, external rotation at 20 degrees, abduction at 50 degrees and adduction at 15 degrees. There was tenderness to palpation over the trochanteric bursa and severe pain with internal and external rotation, and a positive Trendelenburg test. The injured worker's diagnoses included lumbar spine sprain/strain, left hip sprain/strain, status post total hip arthroplasty, degenerative joint disease of the right knee, right renal abnormality, status post gastric bypass, status post lightning strike, and end stage degenerative joint disease, and osteoarthritis of the right hip. The injured worker's treatment plan included total right hip arthroplasty due to severe degenerative joint disease and the development of a vascular necrosis and replacement of an interferential unit. It was noted that the injured worker's current unit was not functioning properly. A Request for Authorization for was submitted on 06/30/2014 to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit with supplies ( electrodes, batteries, set up fee) for lumbar spine and left hip:**  
Upheld

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

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

**Decision rationale:** The requested IF unit with supplies ( electrodes, batteries, set up fee) for lumbar spine and left hip are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends inferential units for patients who have failed to respond to all other types of treatment and have intractable pain, are participating in a physical rehabilitation program, and have had a positive response to a 30 day home trial. It is also recommended for postsurgical pain management. The clinical documentation does indicate that the injured worker has a request for authorization for left hip arthroplasty and that injured worker has an interferential unit that needs to be replaced. However, there is no documentation of significant functional benefit or pain relief resulting from the previous unit. Therefore, the purchase of an interferential unit with supplies is not supported in this clinical situation. As such, the requested IF unit with supplies electrodes, batteries, and set up fee for lumbar spine and left hip are not medically necessary.