

Case Number:	CM14-0023272		
Date Assigned:	06/11/2014	Date of Injury:	06/01/2012
Decision Date:	07/15/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 36 year old male whose date of injury is 06/01/2012. On this date his tractor flipped sideways causing him to be thrown. The treatment to date includes physical therapy, acupuncture and TENS with only temporary positive results. Progress report dated 12/02/13 indicates that he complains of pain to the low back, left arm/elbow, left knee and right ankle. Diagnoses are right elbow medial and lateral epicondylitis, left elbow post traumatic lateral epicondylitis, right wrist TFCC complex tear, left wrist carpal tunnel syndrome, lumbar spine musculoligamentous injury, lumbar disc bulge, left knee mild lateral patellar subluxation, right knee medial joint line tenderness rule out internal derangement, left knee rule out internal derangement, right ankle chronic sprain, and depressive disorder. Per note dated 12/10/13, the injured worker was recommended for a trial of interferential current stimulation with goals listed as continuing to decrease pain, reduce medication usage, improve function and improve the injured worker's activities of daily living. The injured worker underwent lumbar transforaminal epidural steroid injection on 01/07/14. Orthopedic panel qualified medical evaluation dated 01/29/14 indicates that the injured worker has reached maximum medical improvement with no measurable impairment. Primary treating physician's final report dated 04/07/14 indicates that he has continued his regular work duties. He does not require any ongoing formal treatment at this time and it is noted that he reached maximum medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT X 30 DAY RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-120.

Decision rationale: Based on the clinical information provided, the request for interferential unit x 30 day rental is not recommended as medically necessary. There are no specific, time-limited treatment goals provided as required by Chronic Pain Medical Treatment Guidelines. There is no indication that the unit will be used in conjunction with recommended treatments, including return to work, exercise and medications. Orthopedic panel qualified medical evaluation dated 01/29/14 indicates that the injured worker has reached maximum medical improvement with no measurable impairment. Primary treating physician's final report dated 04/07/14 indicates that he has continued his regular workduties. He does not require any ongoing formal treatment at this time and it is noted that he reached maximum medical improvement.