

<b>Case Number:</b>	CM14-0033042		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	12/21/2005
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Occupational Medicine 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:

This is a 55-year-old male patient with a 12/21/05 date of injury. The patient has been undergoing wound care, including hyperbaric oxygen treatments, after an incident on 12/21/05, when he was run over by a tractor-trailer, sustaining multiple injuries of both lower extremities and a pelvic injury. The patient was hospitalized in excess of 6 months, undergoing multiple surgical procedures and treatment of fractures. The patient had multiple soft tissue crushing injuries, requiring approximately 9 surgeries for debridement and eventual wound closures. In 2008, the patient developed progressive necrotizing cellulitis of the left lower extremity. The patient was diagnosed with progressive necrotizing infection with infectious dermal gangrene developing on 10/12/11. Several hyperbaric oxygen treatment reports were reviewed through 2013 with fluctuation in pain complaints. Treatment to date has included at least 100 hyperbaric oxygen treatment visits, medication, activity modification. There is documentation of a previous 1/29/14 adverse determination for non-specific reasons.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. However, there is limited information about attempts at conservative management despite hyperbaric oxygen therapy. The patient, at times, reported complete resolution of pain. There is no evidence of diminished effectiveness or side effects with medication. It is unclear why interferential therapy would be expected to result in lasting relief. Therefore, the request for interferential unit was not medically necessary.