MAXIMUS Federal Services

Case Number:	CM14-0037217		
Date Assigned:	06/25/2014	Date of Injury:	01/06/2014
Decision Date:	07/23/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 Medicine and is licensed to practice in North Carolina. 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 patient is a 45-year-old with a reported date of injury of 01/06/2014. The patient has the diagnoses of bilateral shoulder periscapular sprain/strain with impingement, bilateral elbow lateral epicondylitis, bilateral wrist/forearm flexor and extensor tendonitis, lumbar spine musculoligamentous sprain/strain with right lower extremity radiculitis, cervical spine musculoligamentous sprain/strain and bilateral knee patellofemoral arthralgia. Treatment modalities have included medication and physical therapy. An EMG performed 05/06/2014 was normal. The most recent progress notes from the primary treating physician dated 06/17/2014 notes the patient with continued pain in the bilateral shoulders and right knee as the primary complaints and rated an 8-9/10 on the pain scale. Physical exam showed tenderness to palpation on the joint in question with decreased 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 rental 2 months electrodes, batteries, wipes and leadwires: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-118.

Decision rationale: The California MTUS makes the following recommendation concerning transcutaneous electrotherapy treatment for chronic pain: Interferential Current Stimulation (ICS) Not recommended 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. While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; Pain is ineffectively controlled with medications due to side effects; History of substance abuse; Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. The supplied documentation shows the patient has had an ineffective pain response to medication and/or unresponsive to conservative measures including physical therapy. However, the request is for a 2-month period, which is in excess of the recommended one-month trial period and thus not certified.