

Case Number:	CM14-0053916		
Date Assigned:	07/07/2014	Date of Injury:	02/10/2011
Decision Date:	09/16/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/21/2014

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 Management 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 63-year-old male with a 02/10/2011 date of injury. A specific mechanism of injury was not described. 4/15/14 determination was non-certified given that no long term studies either are not available or do not adequately support the request. 1/22/14 follow-up report revealed residual pain. There was difficulty with sitting, standing, and walking. The provider stated that the patient was significantly overweight but she was a candidate with a total knee replacement. It was noted that the patient had lost significant amount of weight so far but she would need to reduce approximately another 80 pounds. The patient was not taking any medications. Diagnoses includes hip tend/burs, cervical radiculopathy, lumbosacral radiculopathy, wrist tend/burs, elbow tend/burs, and knee tend/burs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for the purchase of an Interferential unit and supplies: Upheld

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

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

Decision rationale: CA MTUS state that interferential current stimulation is 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. There was no indication for the need of an interferential unit despite limited support by guidelines. There was also no indication of prior treatment modalities and documentation that the requested unit would be used in conjunction of physical modalities. The medical necessity was not substantiated.