

Case Number:	CM14-0054817		
Date Assigned:	07/07/2014	Date of Injury:	06/14/2013
Decision Date:	08/14/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/24/2014

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 Orthopedic Surgery 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:

The injured worker is a 64-year-old female who reported an injury on 06/14/2013 after a trip and fall. The injured worker reportedly sustained an injury to her bilateral hands, wrist, low back, groin and knees. The injured worker later developed right shoulder pain and right hip pain. The injured worker's treatment history included surgical intervention of the right shoulder followed by a course of postoperative physical therapy, and she also participated in physical therapy for the knee. The injured worker was evaluated on 03/26/2014. It was noted that she had continued knee pain and right shoulder pain with prolonged activity. Physical findings of the right knee included limited range of motion with an altered gait and medial joint line tenderness. The injured worker's diagnoses included cervical sprain, lumbar sprain, right shoulder partial rotator cuff tear, status postsurgical intervention and right knee meniscal injury status post arthroscopic repair. A request was made for an interferential unit to assist with pain management and medication reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) unit and supplies (60 day rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
INTERFERENTIAL CURRENT STIMULATION Page(s): 118.

Decision rationale: The requested interferential unit and supplies 60 day rental or purchase is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends an interferential unit for injured workers who have exhausted all lower levels of conservative treatment to include a TENS unit. The clinical documentation submitted for review does not provide any evidence that the patient has a history of failure to respond to a TENS unit and would require the next level of care. Additionally, California Medical Treatment Utilization Schedule recommends a 30 day trial to support continued use of this treatment modality. The clinical documentation does not provide any evidence that the injured worker has undergone a trial of interferential stimulated current use. Therefore, a 60 day rental or purchase would not be supported. As such, the requested interferential unit and supplies 60 day rental or purchase is not medically necessary or appropriate.