

Case Number:	CM14-0060595		
Date Assigned:	07/09/2014	Date of Injury:	07/05/2013
Decision Date:	08/14/2014	UR Denial Date:	03/30/2014
Priority:	Standard	Application Received:	05/01/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 07/05/2013. The patient's treating diagnoses include possible carpal tunnel syndrome, bilateral upper extremity tendinitis, cervical and lumbar strain, shoulder impingement and tendinitis, depression, rule out superimposed soft tissue connective disease. On 01/08/2014, the patient was seen in orthopedic followup. At that time, the treating physician reviewed this patient's history and noted that the patient required treatment including acupuncture therapy, blood testing, and EMG/nerve conduction study. The treating physician also recommended that the patient be provided with a heating pad and an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF Unit II (muscle stimulator): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS - Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Interferential Stimulation Page(s): 118.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Interferential Stimulation, page 118, states that this treatment modality is not recommended as an isolated intervention. This guideline lists specific situations

where interferential stimulation may be used when first-line treatment is ineffective such as pain failed to be controlled with medication due to side effects. The medical records do not provide a rationale as to why this patient needs an exception such as this. This request is not medically necessary.

Monthly Supplies: 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 Section on Interferential Stimulation Page(s): 118.

Decision rationale: Since a request for an IF unit II (muscle stimulator) has been found to be not medically necessary, it follows that a request for a monthly supplies for that equipment is not medical necessary.

Heating Pad: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: ACOEM Guidelines Chapter 3 Treatment, page 48, recommends the use of thermal modalities during the acute to subacute phase for a period of 2 weeks or less. The treatment guidelines do not support the purchase of equipment for thermal modalities, particularly in a chronic time frame such as this request. This request is not medically necessary.