MAXIMUS Federal Services

Case Number:	CM14-0069823		
Date Assigned:	07/23/2014	Date of Injury:	07/02/2013
Decision Date:	08/28/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 Nevada. 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 records presented for review indicate that this 25 year-old female was reportedly injured on 7/2/2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated 6/20/2014, indicates that there are ongoing complaints of low back pain with radiation to the lower extremities as well as right knee pain. Physical examination demonstrated tenderness to lumbar spine; positive Kemp's test; lumbar spine range of motion: flexion 50 degrees, extension 18 degrees, right flexion 20 degrees, left flexion 18 degrees; right knee peripatellar tenderness; negative laxity; knee range of motion: flexion 130 degrees, extension 0 degrees. MRI of the lumbar spine dated 10/24/2013 demonstrates 3 mm of retrolisthesis, small disk bulge and facet hypertrophy at L4-L5; 5 mm anteriorlisthesis, small disk bulge, mild facet hypertrophy at L5-S1 with mild-moderate right foraminal stenosis and slight left foraminal narrowing. MRI of the right knee dated 7/29/2013 demonstrated mild soft tissue edema present at the superolateral aspect of Hoffa's fat pad suggestive of fat pad impingement, associated trace fluid in the deep infrapatellar patellar bursa, and mild chondromalacia evidenced by instrasubstance signal alteration without gross erosion in the inferior half of the lateral patellar 8. Previous treatment includes physical therapy, acupuncture, chiropractic care, HEP and medications. A request had been made for an Interferential Unit and was determined not medically necessary in the utilization review on 5/7/2014.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 118-120.

Decision rationale: MTUS guidelines do not support Interferential Therapy as an isolated intervention. Treatment guidelines will support a one-month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review of the available medical records fails to document medical necessity or all criteria required for an IF Unit one-month trial. As such, this request is not medically necessary.