

Case Number:	CM14-0073422		
Date Assigned:	07/16/2014	Date of Injury:	03/31/2013
Decision Date:	09/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 injured worker is a 49-year-old female who was reportedly injured on March 31, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 6, 2014, indicated that there were ongoing complaints of neck pain and right shoulder pains. The physical examination demonstrated tenderness to palpation, decreased range of motion of the shoulder, and no specific neurological losses. Diagnostic imaging studies were not presented. Previous treatment included multiple medications, physical therapy and other conservative pain management interventions. A request was made for interferential unit and was found to be not medically necessary in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit with Supplies Rental x 2 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Interferential Current Stimulation, Neruomuscluar Electrical Stimulation, Galvanic Stimulation.

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 OF 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not support interferential therapy as an isolated intervention. 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 there are side effects to those medications. Review of the available medical records fails to document any of the criteria required for an IF unit one-month trial. As such, this request is not medically necessary.