

Case Number:	CM14-0082821		
Date Assigned:	07/21/2014	Date of Injury:	03/27/2003
Decision Date:	12/02/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 47 year-old male. The patient's date of injury is 3/27/2003. The mechanism of injury is not described, only as a work-related back injury. The patient has been diagnosed with hypertension, Diabetes mellitus, dyspepsia and gastritis, anxiety, constipation and back pain. The patient's treatments have included echocardiograms, physical therapy, and medications. The physical exam findings dated April 9, 2014 shows no edema noted, pedal pulses were well felt and no tenderness in the calves. He was in no acute distress. The patient's medications have included, but are not limited to, Benazepril, Metformin, Tramadol Naproxen, Lyrica, Fluoxetine and Vicodin. The request is for interferential stimulator unit x 2 months rental with garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator unit 2 months rental with conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Interferential stimulat.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Interferential unit and supplies.

MTUS guidelines state the following: not recommended as an isolated intervention. If specific requirements are met, then a one month trial may be appropriate. The request does not meet this requirement. According to the clinical documentation provided and current MTUS guidelines; Interferential unit and supplies x 2 months is not indicated as a medical necessity to the patient at this time. Therefore, the request is not medically necessary.