

Case Number:	CM14-0083672		
Date Assigned:	07/21/2014	Date of Injury:	11/23/2009
Decision Date:	08/26/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/05/2014

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:

According to the records made available for review, this is a 60-year-old female with an 11/23/09 date of injury, and status post left knee surgery 5/5/12, status post left shoulder arthroscopy subacromial decompression (date undocumented), and status post left wrist surgery (date undocumented). At the time (6/4/14) of decision for retrospective Interferential (IF) unit and supplies, there is documentation of subjective (left knee pain, left shoulder pain) and treatment to date (physical therapy, bracing, and activity modification). Medical records identify a request for IF unit and supplies (DOS 4/30/12 and 9/4/12). There is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Interferential (IF) Unit and Supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Within the medical information available for review, there is documentation of diagnoses of status post left knee surgery 5/5/12, status post left shoulder arthroscopy subacromial decompression (date undocumented), and status post left wrist surgery (date undocumented). However, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for retrospective Interferential (IF) unit and supplies is not medically necessary.