

<b>Case Number:</b>	CM14-0086470		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/03/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 35-year-old male was reported injured on May 3, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 24, 2014, indicated that there were ongoing complaints of bilateral hip and low back pains. The physical examination demonstrated tenderness to palpation and decreased range of motion of the bilateral hips and lumbar spine. Diagnostic imaging studies were not presented for review. The physical therapy note indicated a subjectively reported 5% improvement. Previous treatment included medications, physical therapy, and pain management interventions. A request had been made for physical therapy and interferential unit and was not certified in the pre-authorization process on May 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy #12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 98-99 of 127.

**Decision rationale:** When considering the date of injury, the injury sustained the ongoing complaints, the findings on physical examination and by the minimal gains noted subjectively in the physical therapy order completed and incorporating the changes identified in the MTUS for physical therapy and the medical record for pain, there is insufficient clinical evidence presented to support this request. At most, 10 sessions of physical therapy are endorsed, and after 4 sessions there are minimal gains. As such, there is insufficient data presented to support the medical necessity of this request.

**Interferential Unit rental for 60 days 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

**Decision rationale:** MTUS 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 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.