

Case Number:	CM14-0088448		
Date Assigned:	07/23/2014	Date of Injury:	11/20/2012
Decision Date:	09/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 43-year-old female was reportedly injured on November 20, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 4, 2014, indicates that there are ongoing complaints of neck pain and left elbow pain. The physical examination demonstrated mild tenderness at the lateral epicondyle of the left elbow and decreased range of motion of the cervical spine was cervical spine tenderness and spasms. Diagnostic nerve conduction studies of the upper extremities were normal. Previous treatment includes physical therapy, acupuncture, chiropractic care, and oral medications. A request had been made for the use of an inferential unit with a garment and supplies and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds 4 interferential unit with garment and supplies: 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 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the use of an inferential current stimulator is recommended when pain not controlled due to diminished effectiveness of medications or of medications or not tolerated. Additionally it is also stated that the injured employee should be unresponsive to conservative measures. The medical record does state that the injured employee did benefit from physical therapy, acupuncture, and chiropractic care. Furthermore, it is not stated that the injured employee does not benefit from the current medication regimen. For these reasons this request for an inferential unit with garment and supplies is not medically necessary.