

<b>Case Number:</b>	CM14-0096894		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 injured worker is a 60 year old female who sustained an injury on 03/18/13. No specific mechanism of injury was noted. The injured worker had complaints of pain in the feet and ankle. There was a PR2 report from 06/04/04 which could not be interpreted due to poor handwriting and copy quality. The requested interference unit with supplies to include electrodes, power packs, and lead wires were all denied by utilization review on 06/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-117.

**Decision rationale:** In regards to the requested interference unit with supplies, this reviewer would not have recommended this request as medically necessary. There is insufficient documentation to support the use of this type of unit. Although considered an option in the treatment of musculoskeletal complaints, the clinical documentation provided for review contained no pertinent data to support the use of this durable medical equipment. The clinical

note provided for review was illegible due to copy quality and handwriting. Without any updated indications regarding the medical requirements for this requested unit, this reviewer would not have recommended the request therefore Interference unit and supplies is not medically necessary.

**Electrodes packs, quantity eight.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-117.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Power packs, quantity twenty-four:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-117.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Adhesive remover towel mint, quantity 32.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-117.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Leadwire, quantity one:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-117.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Technical fee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-117.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.