

Case Number:	CM14-0206232		
Date Assigned:	12/18/2014	Date of Injury:	08/07/2014
Decision Date:	02/19/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Illinois
 Certification(s)/Specialty: Anesthesiology

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 male with an 8/7/14 date of injury. At the time (10/23/14) of request for authorization for Interferential Unit with Supplies: 30-60day Rental and Purchase (if effective), related to low back symptoms, as outpatient, there is documentation of subjective (left shoulder pain) and objective (decreased left shoulder range of motion) findings, current diagnoses (rotator cuff sprain, shoulder joint pain, and lumbar strain), and treatment to date (medications). Medical report identifies a request for Interferential unit to manage pain and reduce medication usage. 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:

Interferential Unit with Supplies: 30-60day Rental and Purchase (if effective), related to low back symptoms, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

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 rotator cuff sprain, shoulder joint pain, and lumbar strain. However, despite documentation of a request for Interferential unit to manage pain and reduce medication usage, 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 Interferential Unit with Supplies: 30-60day Rental and Purchase (if effective), related to low back symptoms, as outpatient is not medically necessary.