

Case Number:	CM14-0207573		
Date Assigned:	12/19/2014	Date of Injury:	12/21/2012
Decision Date:	05/01/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 patient had a date of injury on 12/21/2012. On recent exam the patient reported mid and low back pain, bilateral knee pain, right hand, forearm and wrist pain, stress, depression. Diagnosis includes: neck musculoskeletal disorder, back disorder, anxiety, brachial neuritis, lumbago, thoracic or lumbosacral neuritis, bursae and tendons in shoulder region, derangement of meniscus. On 11/12/2014, Utilization Review had non-certified the requests for one interferential unit and diagnostic ultrasound of the bilateral knees and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: According to guidelines it states ICS is not recommended as an isolated intervention. There are patient selection criteria if the use of ICS is to be utilized. The selection criteria state it can be used if pain is ineffectively controlled due to medication side effects or due to diminished effectiveness of medications or unresponsive to conservative measures. There is no documentation of conservative treatment or lack of effectiveness of medication due to side effects or diminishing effect. This request is not medically necessary.

Diagnostic Ultrasound of Bilateral Knees and Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 348-350, 207-208, 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Ultrasound Diagnostic.

Decision rationale: With regards to the knee ultrasounds, guidelines do not recommend treatment unless the injured worker (IW) has activity limitations for greater than 4-6 weeks and significant inability to bear weight. There is no indication of the IW having met these criteria in the notes provided. Additionally, notes do not document the IW taking or receiving medications for pain. This request is not medically necessary.