

Case Number:	CM15-0102228		
Date Assigned:	06/04/2015	Date of Injury:	05/20/2005
Decision Date:	07/10/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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
 Certification(s)/Specialty: Emergency 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 injured worker is a 47 year old male who sustained a work related injury May 20, 2005. According to a doctor's first report of occupational injury or illness, dated April 8, 2015, the injured worker presented with complaints of pain to his neck, bilateral shoulders, back, bilateral knees, and hernias due to repetitive work, with a gradual onset since 2000. The neck pain radiates into the right shoulder. The lower back pain is constant, rated 5/10, and associated with spasm, tingling, numbness, and radicular pain into both feet. The bilateral shoulder pain is intermittent, rated 3/10, and associated with numbness and tingling into the arm and elbow. There is constant pain in the bilateral knees, rated 5/10, associated with swelling, snapping, popping, locking and giving way, and pain, rated 3/10, along the left groin area. Objective findings included; right shoulder; tenderness to palpation over the AC (acromioclavicular) joint, right knee; tenderness to palpation over the medial and lateral joint line, lumbar spine; tenderness to palpation over the paralumbar muscles, sacroiliac joints, sciatic notch, and sacral base L1-S1. The following tests are positive: right impingement, right McMurray's, right stability, patellar grinding and anterior drawer's sign. Diagnoses are documented as right shoulder impingement; right knee internal derangement; lumbosacral discopathy; inguinal hernia repair. At issue, is the request for authorization for IF (interferential II) home unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Interspec Interferential II Unit with 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 CA Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

Decision rationale: The requested purchase of Interspec Interferential II Unit with supplies is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. 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... There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has neck pain that radiates into the right shoulder. The lower back pain is constant, rated 5/10, and associated with spasm, tingling, numbness, and radicular pain into both feet. The bilateral shoulder pain is intermittent, rated 3/10, and associated with numbness and tingling into the arm and elbow. There is constant pain in the bilateral knees, rated 5/10, associated with swelling, snapping, popping, locking and giving way, and pain, rated 3/10, along the left groin area. Objective findings included; right shoulder; tenderness to palpation over the AC (acromioclavicular) joint, right knee; tenderness to palpation over the medial and lateral joint line, lumbar spine; tenderness to palpation over the paralumbar muscles, sacroiliac joints, sciatic notch, and sacral base L1-S1. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, Purchase of Interspec Interferential II Unit with supplies is not medically necessary.