

Case Number:	CM15-0163717		
Date Assigned:	08/31/2015	Date of Injury:	02/16/2012
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/20/2015

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: Preventive Medicine, Occupational 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:

This is a 52-year-old female who sustained an industrial injury on 02-16-2012 due to a fall. Diagnoses include lumbar spine sprain, strain with bilateral degenerative disc disease and stenosis per MRI 4-26-2014; right shoulder tendinitis, bursitis, impingement and partial supraspinatus tear; bilateral knee pain; and bilateral wrist pain. Treatment to date has included medications, shoulder injection, acupuncture, extracorporeal shockwave therapy and ice and heat application. According to the progress notes dated 7-17-2015, the IW (injured worker) reported low back pain was rated 7 out of 10, remaining the same since the previous exam. She also had complaints of right shoulder pain and weakness, rated 8 out of 10, bilateral wrist pain and bilateral knee pain. The shoulder injection on 6-18-2015 was reportedly not helpful. No physical exam was documented. A request was made for one interferential unit for treatment of pain and spasms.

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 Interferential Current Stimulation (ICS) Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 115-119.

Decision rationale: MTUS Guidelines have very specific criteria before long-term use of an interferential unit (IF) is recommended. The Guideline criteria include a successful placement and trial under the direct supervision of a health care provider. If this trial is successful, then a 30 day home trial with rental is recommended to establish use patterns, benefits for pain and function and to evaluate for impact and other treatment. Neither of these key standards have been met and there are no unusual circumstances to justify an exception to Guidelines. The interferential unit is not medically necessary.