

Case Number:	CM15-0186053		
Date Assigned:	09/28/2015	Date of Injury:	02/28/2015
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, New York, 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 28, 2015. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for a prime interferential unit. The claims administrator referenced an August 5, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 5, 2015 office visit, the applicant reported 8 to 10/10 multifocal complaints of low back, hip, and knee pain. Ancillary complaints of shoulder pain were also reported. The applicant was asked to pursue 12 additional sessions of physical therapy, employ topical compounds, obtain a knee brace, and employ a prime interferential device to manage or reduce her pain complaints. There was no mention of applicant's having previously employed the interferential device on a trial basis. The applicant was, moreover, placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime interferential unit (IF4000), purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the request for a prime interferential unit [purchase] was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential stimulator device on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of beneficial effects present in terms of increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, the attending provider's seemingly prescribed and/or dispensed the device on August 5, 2015 without having the applicant first undergo one-month trial of the same. Therefore, the request was not medically necessary.