

Case Number:	CM15-0190272		
Date Assigned:	10/02/2015	Date of Injury:	06/28/2013
Decision Date:	11/12/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 41 year old male who sustained an industrial injury on 06/28/2013. Medical records indicated the worker was treated for lumbosacral musculoligamentous strain-sprain, rule out lumbosacral spine discogenic disease, left shoulder tendinosis, left shoulder impingement syndrome, right wrist tenosynovitis, and history of right wrist avascular necrosis. The worker complained of back pain, left shoulder pain, both wrist pains. On examination of the lumbosacral spine, there is tenderness on palpation bilaterally of the sacroiliac joints, the sciatic notch, the posterior iliac crest and the gluteus muscles. Spasm was palpable in the muscles of the gluteus and there were palpable trigger points over the paralumbar muscles. Straight leg raising test was positive bilaterally. The left shoulder had tenderness on palpation of the biceps tendon groove, the deltoid muscle, the rotator cuff muscles and the acromion process. There was swelling of the right outer wrist. The left wrist had tenderness to palpation on the dorsal, palmar, and ulnar aspects. The plan of care included biofeedback sessions, and extracorporeal shockwave treatment of the right wrist. Other treatments to date included physical therapy, medications, and acupuncture which provided some relief. A request for authorization was submitted for 1 Purchase of Interferential Unit. A utilization review decision 09/02/2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase Of Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, interferential.

Decision rationale: The use of interferential therapy is not supported by ODG guidelines. ODG guidelines not this therapy is to generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. The medical records provided for review do not indicate any midigating condition or findings to support use of this therapy. As such, the medical records do not support use of inferential therapy congruent with ODG guidelines.