

Case Number:	CM15-0217921		
Date Assigned:	11/09/2015	Date of Injury:	08/03/2015
Decision Date:	12/21/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/06/2015

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, Indiana, New York
Certification(s)/Specialty: 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 injured worker is a 51 year old female who sustained an industrial injury on 8-3-2015. A review of medical records indicates the injured worker is being treated for contusion low back, strain right ankle, and contusion right hip. Medical records dated 8-4-2015 noted pain in the right side of the lower back. Physical examination noted moderate tenderness with minimal spasm over the right PVM of the lower back, SI joint, and hip area. Treatment has included medical imaging and Ibuprofen since at least 8-3-2015. Utilization review form dated 10-13-2015 noncertified inferential home unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential home unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS 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) Pain section, Interferential Unit (IF).

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential unit (IF) home unit for purchase is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for IF to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are right knee musculoligamentous sprain strain with patellofemoral arthralgia; right ankle musculoligamentous sprain strain; lumbar spine musculoligamentous sprain strain with right sacroiliac joint sprain; and right hip contusion. Date of injury is August 3, 2015. Request for authorization is October 1, 2015. According to an October 1, 2015 new patient evaluation, subjective complaints include low back pain with radiation to the right lower extremity, right hip, knee and foot pain. Objectively, there is tenderness in the bilateral lumbar paraspinal muscles, greater trochanter and thigh. The treatment plan includes a request for physical therapy and an interferential unit. There is no 30 day IF trial with the IF unit. The location for application is not designated in the progress note. Based on clinical information the medical record, peer-reviewed evidence-based guidelines and no documentation of the 30 day IF trial, Interferential unit (IF) home unit for purchase is not medically necessary.