

Case Number:	CM15-0032230		
Date Assigned:	02/25/2015	Date of Injury:	11/14/2013
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 63-year-old female who sustained an industrial injury on 11/14/2013. Current diagnoses include myoligamentous cervical spondylosis, tendinitis and impingement syndrome-right shoulder, tendinitis-right wrist, probable chondromalacia-bilateral knees, possible medial meniscus tear-left knee, and uncontrolled diabetes mellitus, non-industrial. Previous treatments included medication management, physical therapy, and activity restrictions. Report dated 11/13/2014 noted that the injured worker presented with complaints that included constant dull, sharp, stabbing pain also numbness and tingling in the right shoulder, and weakness in the right shoulder and arm. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/05/2015 non-certified a prescription for interferential unit with garment x 7 day trial, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential Unit with garment, 7-day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, inferential therapy.

Decision rationale: The use of inferential therapy is not supported by ODG guidelines. The medical records provided for review do not indicate any mitigating condition or findings to support use of this therapy.