

Case Number:	CM15-0048587		
Date Assigned:	03/20/2015	Date of Injury:	05/07/2014
Decision Date:	05/06/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/13/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 injured worker is a 45 year old male, who sustained an industrial injury on May 7, 2014. The injured worker was diagnosed as having cerebral concussion without loss of consciousness with headaches, cervical spine sprain, bilateral shoulder sprain, bilateral elbow pain, bilateral hand pain, lumbosacral sprain, and bilateral heel pain. Treatment to date has included CT scan, x-rays, and urine drug screening. On February 4, 2015, the injured worker complains of slight frequent to occasional moderate to severe neck pain with radiating pain into the shoulders, upper back, bilateral upper extremities to the ulnar aspect of the bilateral hands with numbness and tingling, right greater than left. He complains of occipital headaches that radiate to the eyeballs and occasional, slight blurred vision. He has slight to severe low back pain with occasional radiation to the right lower extremity to the right heel and midback with occasional numbness and tingling, and slight, intermittent right lower extremity weakness. He has pain of the bilateral shoulders, right greater than left. He has occasional upper arms and neck pain, moderate pain and soreness of the medial aspect of the elbows radiating to the ulnar forearms and bilateral hands with a hot burning sensation at times. He has stinging pain in the hands and elbows, slight to medication pain and soreness of the hands, and slight numbness and tingling of the fingers at times. The physical exam revealed bilateral arches are pronated and right quadriceps pressure with a full squat. There was decreased sensation in the lateral right leg from the knee to the distal third of the leg due to a soft tissue mass on the fibular head area. The treating physician noted that the injured worker had not been treated with any prior acupuncture, an initial trial course of

chiropractic treatment, or physical therapy. The treatment plan includes oral and topical non-steroidal anti-inflammatory medications, a urine drug screen, chiropractic treatment, an interferential unit, and a lumbosacral support.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (Interferential) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 1187.

Decision rationale: MTUS 2009 states that interferential electrical stimulation should not be used as an isolated intervention. It further states that there is no quality evidence to support its use. The medical records do not describe any objective functional improvement with its use in therapy sessions, do not describe a treatment plan that incorporates the use of an IF unit nor establish any goals for its use. This request for an interferential electrical stimulation unit does not adhere to MTUS 2009 and is denied.