

Case Number:	CM15-0049733		
Date Assigned:	03/24/2015	Date of Injury:	05/30/2013
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/16/2015

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

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 female, who sustained an industrial injury on 05/30/2013. She has reported pain in the bilateral elbows/wrists, lumbar spine, knees, and ankles/feet. The diagnoses have included bilateral elbow sprain/strain; bilateral hip sprain/strain; bilateral knee sprain/strain; and bilateral feet plantar fasciitis. Treatment to date has included medications, diagnostic studies, and injections. A progress report from the treating physician, dated 02/11/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of constant pain in the bilateral feet, knees, wrists, elbows and lumbar spine; and daily headaches. Objective findings included tenderness of the medial and lateral epicondyle of the elbows bilaterally; tenderness over the distal radioulnar joint bilaterally; facet joint tenderness at L3 through L5 levels bilaterally; and tenderness of the plantar fascia bilaterally. The treatment plan has included an Interferential Unit (IF), 30 minutes, 3x a day for 60 days, for home use and pain relief purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit (IF), 30 minutes, 3x a day for 60 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF Unit Page(s): 118-120.

Decision rationale: Regarding the request for interferential unit, the California MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then a one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, the patient has not met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment). Therefore, this request is not medically necessary.