

Case Number:	CM15-0051669		
Date Assigned:	03/25/2015	Date of Injury:	10/25/2012
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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: Preventive Medicine, 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:

This 56 year old woman sustained an industrial injury on 10/25/2012. The mechanism of injury is not detailed. Diagnoses include cervical disc displacement, sprain of cervical ligaments, cervical radiculopathy, status post right shoulder arthroscopy, bilateral shoulder osteoarthritis, bilateral shoulder rotator cuff tear, bilateral shoulder tendonitis, right bicep tendon tenosynovitis, bilateral shoulder effusion, right shoulder subcoracoid bursitis, right elbow lateral epicondylitis, right elbow effusion, pain in left elbow, bilateral wrist ganglion cyst, sprain/strain of thoracic spine, lumbar spine intervertebral disc displacement, lumbar radiculopathy, bilateral knee osteoarthritis, bilateral knee effusion, left knee baker's cyst, bilateral knee medical meniscus tear, right ankle plantar fasciitis, bilateral ankle and foot osteoarthritis, bilateral ankle effusion, bilateral ankle joint derangement, anxiety disorder, mood disorder, stress, and sleep disorder. Treatment has included oral medications, physical therapy, shockwave therapy, platelet rich plasma injections, and acupuncture. Physician notes on a PR-2 dated 1/7/2015 show complaints of neck, right shoulder, bilateral elbow, bilateral wrist, mid back, low back, bilateral knee, bilateral ankle pain rated 4-7/10 as well as anxiety and depression. Recommendations include periodic urine drug screening, continue physical therapy and acupuncture, chiropractic treatment, shockwave therapy, platelet rich plasma injections, electromyogram/nerve conduction studies of the bilateral upper and lower extremities, sleep study, and Terocine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential therapy unit 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 120.

Decision rationale: Due to the scientific uncertainty regarding IF units providing any benefits MTUS Guidelines have very specific standards to be met prior to a trial of such a unit. One of the main standards is that there has been prior application of a unit by a health care provider and it was shown to provide meaningful pain relief. In the records reviewed, this standard has not been met. Under these circumstances, the Interferential therapy unit 30 day rental is not supported by Guidelines and is not medically necessary.