

Case Number:	CM15-0088136		
Date Assigned:	05/12/2015	Date of Injury:	09/30/2013
Decision Date:	06/12/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/07/2015

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 55 year old female, who sustained an industrial injury on September 30, 2013. The injured worker was diagnosed as having neck, thoracic, bilateral elbow and lumbar sprain/strain, cervical and lumbar radiculitis, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome and displacement of cervical and lumbar intervertebral disc. Treatment and diagnostic studies to date have included physical therapy, nerve conduction study, magnetic resonance imaging (MRI) and medication. A progress note dated April 8, 2015 provides the injured worker complains of neck, shoulder, back and right elbow pain with pain and numbness in both wrists. She rates her neck and right shoulder pain 4/10, mid and upper back 8/10, low back 6/10, 3/10 in the right elbow and right wrist and 2/10 in the left wrist. Physical exam notes tenderness on palpation of the cervical, thoracic and lumbar spine and bilateral shoulders, elbows and wrists. There is positive cervical compression and decreased cervical, shoulder and lumbar range of motion (ROM). The shoulders are positive for impingement and positive Tinel's and Phalen's sign of the wrists. The plan includes chiropractic and interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) interferential unit: 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 Interferential Unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, one Interferential unit (ICS) is not medically necessary. ICS 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 ICS 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 cervical spine musculoligamentous sprain/strain with radiculitis; thoracic spine musculoligamentous strain/sprain; lumbar spine musculoligamentous sprain/strain with radiculitis; bilateral shoulder strain/sprain; bilateral shoulder impingement syndrome; bilateral elbow strain/sprain; bilateral elbow lateral epicondylitis; bilateral carpal tunnel syndrome; bilateral wrist overuse syndrome; sleep disturbance; and depression situational. The most recent progress note treatment plan dated February 25, 2015 shows an interferential unit was prescribed to manage/reduce pain and relaxed muscle spasms. Subjectively, the injured worker has pain in the neck, mid/upper and lower back, bilateral shoulders and bilateral elbows. There is no documentation indicating which anatomical region is to be treated. Objectively, the injured worker has tenderness in the cervical spine, thoracic spine, lumbar spine, bilateral shoulders and elbows. There is no documentation of a one-month trial prior to ordering a prescription for an Interferential unit. Consequently, absent clinical documentation addressing the specific anatomical region to be treated, a one-month clinical trial (according to the recommended guidelines), one Interferential unit (ICS) is not medically necessary.