

Case Number:	CM14-0115904		
Date Assigned:	08/04/2014	Date of Injury:	03/07/2013
Decision Date:	09/29/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old male who reported an injury on 03/07/2013. The mechanism of injury was noted to be a fall. His diagnosis was left knee strain. Prior treatments were noted to be medications, injections, cryotherapy, knee support, physical therapy, transcutaneous electrical nerve stimulation unit, inversion table and interferential unit. The injured worker had diagnostic tests, including x-ray of the left ankle and an MRI of the left ankle and left knee. The most recent clinical evaluation was noted in a Primary Treating Physician's Progress Report dated 05/06/2014. The injured worker was noted to have subjective complaints of low back pain with numbness and tingling that radiates down both legs to the feet. He indicated left knee pain with weakness. The objective findings were tenderness over the posterior superior iliac spines bilaterally. The treatment plan included medication usage, continued use of an inversion table and interferential unit. The treatment plan continued with chiropractic therapy and continued use of tramadol. The provider's rationale was noted within the treatment plan. A Request for Authorization form was not found within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued use IF unit for 5 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend interferential current stimulation unit as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. It is noted within the review that the injured worker has not returned to work. The injured worker noted in the progress report that he had not been using his pain medications. It is not documented that prior use of an IF unit provided efficacy for pain management. Therefore, the request for continued use IF (Interferential) unit for 5 months rental is not medically necessary.