

Case Number:	CM14-0160710		
Date Assigned:	10/06/2014	Date of Injury:	04/04/2013
Decision Date:	12/15/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/30/2014

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 Osteopathic Family Practice 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 patient is a 27-year-old male janitor who sustained an industrial injury on April 4, 2013. The patient is diagnosed with bilateral upper extremity overuse syndrome secondary to continuous trauma, rule out carpal tunnel syndrome and patellofemoral left knee. Treatment to date has consisted of compounded medications, nonsteroidal anti-inflammatory medications, physical therapy and interferential unit. Progress report dated April 26, 2013 notes that the patient wears splints daily and especially at night. He was referred to hand therapy. Utilization review dated September 24, 2014 non-certified the request for retrospective Rental of Multistim Unit (using 99070) with electrodes and battery replacements for (DOS 1/13/2014-6/13/2014) as the treatment was not supported per the CA MUTS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Rental of Multistim Unit (using 99070) with electrodes and battery replacements for (DOS 1/13/2014-6/13/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential stimulation Page(s): 118.

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

Decision rationale: Rental of Multistim Unit is retrospectively not medically necessary. The guidelines do not recommend interferential stimulation as an isolated intervention. Furthermore, there is no indication that the patient's pain is ineffectively controlled due to diminished effectiveness of medication. There is also no indication that the patient has significant side effects from medication or a history of substance abuse. The records also do not establish that the patient has been unresponsive to other conservative measures. Rental of Multistim Unit (using 99070) with electrodes and battery replacements for (DOS 1/13/2014-6/13/2014) is retrospectively not medically necessary.