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| Case Number: | CM14-0181391 | | |
| Date Assigned: | 11/06/2014 | Date of Injury: | 05/30/2014 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 10/13/2014 |
| Priority: | Standard | Application Received: | 10/31/2014 |

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:

According to the records made available for review, this is a 30-year-old female with a 5/30/14 date of injury. At the time (10/13/14) of the Decision for authorization for home interferential unit (AVID) for one month rental with supplies (electrodes x4, batteries x12, adhesive removers x16 and lead wire x1), there is documentation of subjective (neck, upper back, lower back, bilateral shoulder, bilateral knee, and bilateral ankle pain; headaches) and objective (cervical spine decreased range of motion, pain with compression test, tenderness and spasms in the paraspinal musculature bilaterally, tenderness over the sacroiliac joint, pain with straight leg raise, positive sacroiliac stress test, shoulder tenderness over the periscapular region, pain with impingement and cross arm test, decreased shoulder range of motion, knee tenderness over the joint lines, and peripatellar regions, crepitus with range of motion, ankle tenderness over the Achilles tendons) findings, current diagnoses (cervical and trapezial musculoligamentous sprain and strain with post-traumatic headaches, thoracic musculoligamentous sprain and strain, lumbar musculoligamentous sprain and strain with left sacroiliac joint sprain, bilateral shoulder periscapular strain, bilateral knee sprain with patellofemoral arthralgia, and bilateral Achilles tendinitis), and treatment to date (physical therapy, medications and acupuncture). There is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential unit (AVID) for one month rental with supplies (electrodes x4, batteries x12, adhesive removers x16 and leadwire x1).: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that 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. Within the medical information available for review, there is documentation of diagnoses of cervical and trapezial musculoligamentous sprain and strain with post-traumatic headaches, thoracic musculoligamentous sprain and strain, lumbar musculoligamentous sprain and strain with left sacroiliac joint sprain, bilateral shoulder periscapular strain, bilateral knee sprain with patellofemoral arthralgia, and bilateral Achilles tendinitis. However, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for home interferential unit (AVID) for one month rental with supplies (electrodes x4, batteries x12, adhesive removers x16 and lead wire x1) is not medically necessary.