MAXIMUS Federal Services

Case Number:	CM14-0213125		
Date Assigned:	12/30/2014	Date of Injury:	09/04/2014
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Physical Medicine & Rehabn

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 59-year-old female with a date of injury of 09/04/2014. According to Doctor's First Report dated 11/14/2014, the patient sustained a neck, mid and low back, bilateral shoulder, bilateral wrist/hand injury from a slip and fall. The patient has attended her first physical therapy session consisting of ice pack and stimulation directed to the neck and back which has made her symptoms worse. She continues to work at light duties with ongoing pain. Examination of the cervical spine revealed tenderness to palpation with spasm over the paraspinal musculature and trapezius muscles bilaterally. Axial compression testing elicits localized pain, and range of motion is decreased on all planes. Examination of the thoracic spine revealed tenderness to palpation with spasm over the bilateral paraspinal musculature. Examination of the lumbar spine revealed tenderness to palpation with spasm over the bilateral paraspinal musculature and bilateral sacroiliac joints. Straight leg raise test elicits localized pain. Sacroiliac stress test is slightly positive bilaterally. Examination of the bilateral shoulder revealed tenderness over the subacromial region and supraspinatus tendon on the right and bilateral parascapular regions. Impingement tests and cross arm tests elicits posterior pain. Examination of the bilateral wrists revealed well-healed surgical scars in the left thenar pad, and there is tenderness present over the flexor and extensor tendons. X-ray of the cervical spine obtained on 11/14/2014 demonstrated mild spondylosis at C5-C6 and C6-C7. Radiographs of the lumbar spine obtained on 11/14/2014 demonstrated facet hypertrophy from L5 to S1 with mild to moderate anterior spurring from L2 to L5. The listed diagnoses are: 1. Cervical/trapezial musculoligamentous sprain/strain. 2. Thoracic spine musculoligamentous sprain/strain. 3. Lumbar spine musculoligamentous

sprain/strain. 4. Bilateral shoulder parascapular strain. 5. Bilateral wrist sprain with first carpometacarpal joint arthritis. Treatment plan is for aquatic therapy to decrease pain and increase range of motion, home interferential unit, and bilateral wrist supports. The utilization review denied the request on 12/02/2014. Treatment reports from 09/12/2014 to 11/04/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Interferential current stimulation (ICS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with complaints of neck, midback, low back, bilateral shoulder, and bilateral wrist/hand pain. The current request is for home interferential unit. For interferential current stimulation (ICS), the MTUS Guidelines pages 118-120 states that "not recommended 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." These devices are recommended in cases where: (1) pain is ineffectively controlled due to diminished effectiveness of medications; or (2) pain is ineffectively controlled with medications due to side effects; or (3) history of substance abuse; or (4) significant pain from postoperative conditions limit stability to perform exercise program/physical therapy treatment; or (5) unresponsive to conservative measure (e.g., repositioning, heat/ice, etc.)." In this case, there is no documentation of substance abuse, operative condition, or unresponsiveness to conservative measures. Furthermore, the MTUS Guidelines require a 30-day trial of the unit showing pain and functional benefit before a home unit is allowed. The requested home interferential unit is not medically necessary.