MAXIMUS Federal Services

Case Number:	CM14-0214072		
Date Assigned:	12/31/2014	Date of Injury:	05/16/2012
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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 39-year-old female with date of injury of 05/16/2012. The listed diagnoses from 09/19/2014 are: 1. cervical spine strain/sprain.2. Lumbar spine sprain/strain, rule out HNP.3. Left shoulder sprain/strain.4. Impingement syndrome, shoulder, rules out rotator cuff tear.5. Carpal tunnel syndrome, bilateral.6. Sprain/strain of the knee, right, rule out medial meniscus tear.7. Sprain/strain of the right ankle.8. Plantar fasciitis, right.According to this report, the patient complains of neck, lower back, bilateral shoulder, bilateral hand/wrist, right knee, right ankle, and right foot pain. Examination shows palpation revealed tenderness over the right paracervical musculature and trapezius muscles with associated spasm. Palpation revealed tenderness predominantly over the L5-S1 spinous process. Seated and supine straight leg raise are positive on the right. Palpation of the right sciatic notch produces low back pain radiating to the posterior thigh. Radicular pain is noted in the right lower extremity. Hawkins' sign was positive. Tenderness noted over the anterior aspect of the shoulder joint. Supraspinatus isolation test is positive. Hawkins' and Neer's tests are positive. McMurray's test was positive for medial meniscus abnormality. The treatment reports from 05/06/2014 to 09/19/2014 were provided for review. The utilization review denied the request on 12/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 111-120.

Decision rationale: This patient presents with neck, low back, bilateral shoulder, bilateral hand/wrist, right knee, right ankle, and right foot pain. The treater is requesting an Interferential Unit. The MTUS Guidelines pages 111 to 120 states that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatment including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. In addition, a 1-month trial may be appropriate to permit the treater to study the effects and benefits of its use. The records do not show a history of interferential unit use. The MTUS Guidelines support a 1 month trial to determine its efficacy in terms of pain relief and functional improvement. In this case, the patient has not trialed this modality in the past and a trial is recommended prior to its purchase. The request IS NOT medically necessary.