

Case Number:	CM14-0214531		
Date Assigned:	01/07/2015	Date of Injury:	01/27/2012
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of January 27, 2012. In a Utilization Review Report dated November 20, 2014, the claims administrator denied a request for an interferential unit purchase and associated supplies. The claims administrator referenced a November 6, 2014 progress note and associated RFA form dated November 21, 2014. The applicant's attorney subsequently appealed. In said handwritten November 6, 2014 progress note, the applicant reported persistent complaints of knee and thigh pain. The note was difficult to follow and entirely legible. Prilosec was endorsed for heartburn. Work restrictions were endorsed. It was suggested that the applicant was working with said limitations in place. The progress note was extremely difficult to follow and did not seemingly contain any overt references to the need for an interferential stimulator device. The interferential stimulator device appears to have been ordered through an RFA form/order form dated August 21, 2014. Said RFA form/order form employed preprinted checkboxes, contained little to no narrative commentary, and did not outline any rationale for the interferential current stimulator device. In a subsequent order form dated October 29, 2014, the attending provider again reiterated his request for an interferential stimulator and associated supplies for long-term use purposes. No narrative commentary was attached to the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit and supplies purchase (including lead wires, electrodes, batteries and wipes):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of an interferential stimulator device should be predicated on evidence of a favorable outcome during an earlier one-month trial of said interferential stimulator, in terms of reduced pain, increased functional improvement, and evidence of medication reduction. Here, the attending provider seemingly sought authorization for the interferential stimulator device without first conducting a one-month trial of the device at issue. Therefore, the request is not medically necessary.