

Case Number:	CM15-0119960		
Date Assigned:	06/30/2015	Date of Injury:	01/24/2015
Decision Date:	09/02/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/22/2015

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, New York, 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 49-year-old who has filed a claim for elbow and knee pain reportedly associated with an industrial injury of January 24, 2015. In a Utilization Review report dated May 30, 2015, the claims administrator failed to approve a request for an interferential unit. The claims administrator referenced an RFA form dated May 22, 2015 and an office visit of May 21, 2015 in its determination. On said May 21, 2015 progress note, MRI imaging of the elbow, electrodiagnostic testing of bilateral upper extremities, physical therapy, and acupuncture were sought while the applicant was placed off-of work, on total temporary disability. 5/10 elbow pain complaints were reported. A multimodality solace interferential unit device was sought on a five-month rental basis. The applicant's medication list was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME IF Unit 5 Month Rental: Upheld

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

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

Decision rationale: No, the proposed interferential unit five-month rental was not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does support a one-month trial of an interferential stimulator in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, and/or applicants who have a history of substance abuse which would prevent provision of analgesic medications, here, however, no such history of analgesic medication intolerance, analgesic medication failure, and/or substance abuse preventing provision of analgesic medication was established via the May 21, 2015 progress note at issue. The applicant's medication list was not detailed or characterized on that date. The five-month interferential stimulator rental, furthermore, represents treatment well in excess of the one-month trial period established on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines for those individuals who do qualify for usage of interferential current stimulation. Therefore, the request was not medically necessary.