MAXIMUS Federal Services

Case Number:	CM15-0122136		
Date Assigned:	07/10/2015	Date of Injury:	06/19/2014
Decision Date:	08/05/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/24/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 injured worker is a 47 year old male, who sustained an industrial injury on June 19, 2014. He reported injury to his neck, shoulders/arms, hands/fingers/wrists, back, legs/knees and feet. The injured worker was diagnosed as having cervical spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder pain, bilateral wrist pain, bilateral knee pain, bilateral ankle pain and anxiety-stress. Treatment to date has included diagnostic studies, acupuncture and medications. On April 29, 2015, the injured worker complained of general body pain. His bilateral lower extremity numbness was reported as decreasing. He stated that acupuncture has been generally helping and he feels his condition has improved. The treatment plan included continuing acupuncture, chiropractic evaluation and treatment, home regimen exercises and an interferential 4 unit for home use. On June 4, 2015, Utilization Review non-certified the request for one interferential 4 unit, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 IF 4 Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF unit Page(s): 118.

Decision rationale: According to the guidelines an IF unit is 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. In this case, the claimant has undergone an FRP evaluation. There is a plan for exercise and the claimant has persistent symptoms. Although the claimant may benefit from the IF unit, the length, frequency and details of its use were not provided. The request for the IF unit was not further defined and therefore not medically necessary.