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| Case Number: | CM15-0127747 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 04/29/2013 |
| Decision Date: | 08/12/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 07/01/2015 |

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: California
Certification(s)/Specialty: Emergency 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 injured worker is a 57 year old male who sustained an industrial injury on April 29, 2013. He has reported right sided knee pain and has been diagnosed with current tear of medial cartilage or meniscus of the knee, patellar tendinitis, tendonitis, and sprains and strains of the lumbar region. Treatment has included medications, medical imaging, aqua therapy, and physical therapy. The physician diagnosed the injured worker with chronic elbow strain and lateral epicondylitis of the left elbow. Chronic hamstring on the right side was diagnosed and chronic flexor tendinitis of the third and fourth digit. He indicated that the injured worker has carpal tunnel syndrome and chronic lumbar strain. He reviewed the MRI studies and diagnosed the injured worker with left S1 radiculopathy and chronic right hip strain, which had resolved. The treatment request included an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) interferential stimulator (purchase), to reduce spasms, increase flexibility and reduce pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 18-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of failure of standard therapy or poor pain control on medication. ICS is not medically necessary.