

Case Number:	CM15-0027130		
Date Assigned:	02/19/2015	Date of Injury:	03/28/2013
Decision Date:	04/03/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/12/2015

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: New York, West Virginia, Pennsylvania
 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 71 year old female, who sustained an industrial injury on 3/28/13. She has reported elbow injuries. The diagnoses have included intervertebral disc disorders, lumbar intervertebral disc without myelopathy and mononeuritis of upper limb and mononeuritis multiplex. Treatment to date has included physical therapy, cortisone injection to left elbow and oral medications. Currently, the injured worker complains of pain to elbow, cervical spine and lumbar spine documented as 4 out of 10. Progress noted dated 1/29/15 noted she had new pain to right wrist, bilateral hands and bilateral wrists; x-rays of these areas revealed no increase in osteoarthritis. On 2/11/15 Utilization Review non-certified Interferential unit and supplies 30-60 day rental and purchase for bilateral elbows, noting insufficient literature to support interferential current stimulation for the treatment of soft tissue injuries. The MTUS, ACOEM Guidelines, was cited. On 2/12/15, the injured worker submitted an application for IMR for review of Interferential unit and supplies 30-60 day rental and purchase for bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit and supplies; 30-60 day rental & purchase; for bilateral elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: Guidelines state that there is insufficient evidence based research to recommend interferential current stimulation for the treatment of soft tissue injuries or enhancing wound/fracture healing. In this case, the patient suffered from shoulder pain and bilateral elbow pain from cumulative trauma. Thus, the request for DME: IF unit and supplies 30-60 days is not medically necessary and appropriate.