

Case Number:	CM15-0078543		
Date Assigned:	04/29/2015	Date of Injury:	05/25/2011
Decision Date:	05/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 59 year old, male who sustained a work related injury on 9/27/11. The diagnoses have included bilateral shoulder impingement, cervical strain/sprain with spondylosis, left wrist tendinitis, lumbar strain, lumbar discogenic disease and lumbar disc protrusions. The treatments have included x-rays, MRIs, physical therapy, work restrictions, medications, TENS unit therapy and interferential unit use. In the PR-2 dated 8/21/14, the injured worker reports that after physical therapy sessions, he notes "very good relief of pain." He has obtained pain relief using a TENS unit and an inferential unit. The treatment plan is requests for authorization for a TENS unit and an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential home unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines inferential current Page(s): 118-120.

Decision rationale: The MTUS states that inferential current units are 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. Further, MTUS states; although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. The treating physician has indicated that this patient had pain relief from the use of an interferential home unit; however they have provided no documentation of subjective or objective functional improvement. As such, the request for Interferential home unit is not medically necessary

Transcutaneous electrical nerve stimulation (TENS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines inferential current Page(s): 118-120.

Decision rationale: The MTUS states that inferential current units are 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. Further, MTUS states; although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. The treating physician has indicated that this patient had pain relief from the use of an interferential home unit; however they have provided no documentation of subjective or objective functional improvement. As such, the request for Transcutaneous electrical nerve stimulation (TENS) is not medically necessary.