

Case Number:	CM15-0084907		
Date Assigned:	05/07/2015	Date of Injury:	01/20/2015
Decision Date:	12/04/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/04/2015

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 [REDACTED] beneficiary who has filed a claim for neck, low back, bilateral shoulder, and bilateral elbow pain reportedly associated with an industrial injury of January 20, 2013. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve a request for an interferential stimulator device and associated supplies. A March 11, 2015 office visit was referenced in the determination. On April 22, 2015, extracorporeal shock wave therapy was sought, seemingly without much supporting rationale or supporting commentary. The remainder of the file was surveyed; the sole on file from the provider who requested the device was seemingly dated April 22, 2015. Thus, the March 11, 2015 office visit on which the article in question was sought was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec Interferial II unit and supplies for the management of neck, low back, shoulders and elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: No, the request for an interferential unit with associated supplies for the neck, low back, shoulders, knees was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, page 300 notes that insufficient evidence existed to determine the effectiveness of interferential therapy, i.e., the modality at issue here. The MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 also notes that transcutaneous electrical nerve stimulation (TENS) therapy, of which the interferential unit in question is a subset, is deemed not recommended as part of initial approaches to treatment. Here, the attending provider failed to furnish a clear or compelling rationale for provision of the interferential stimulator in the face of the unfavorable ACOEM position(s) on the same. While it is acknowledged that the March 11, 2015 office visit on which the article in question was seemingly sought was not incorporated into the IMR packet, the notes which were furnished failed to support or substantiate the request. Therefore, the request was not medically necessary.