

Case Number:	CM13-0006507		
Date Assigned:	12/27/2013	Date of Injury:	06/11/2008
Decision Date:	02/25/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 patient is a 42-year-old gentleman who was injured in a work related accident on 06/11/08. Orthopedic clinical records for review by ██████████ documented an assessment on 06/06/13 where the claimant was noted to have continued left shoulder complaints with weakness and trapezial tenderness. ██████████ documented that corticosteroid steroid injections would be utilized "with caution" due to the claimant's prior history of elevated glucose with injections. A specific working diagnosis was not given, but ██████████ recommended the use of an at home interferential unit for purchase and a "shoulder exercise kit" for use of range of motion and strengthening exercises. Previous diagnosis for the claimant was left shoulder impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase a interferential unit and shoulder exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current Stimulator (ICS) Page(s): 118,120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder procedure -Home exercise kits

Decision rationale: Based on California MTUS Chronic Pain Guidelines and supported by Official Disability Guidelines criteria, an interferential unit is not recommended. Interferential stimulation is not recommended as an isolated intervention as there is no quality evidence that demonstrates its effectiveness, except in conjunction with recommended treatments including return to work, exercises, medications, and advancement of care. This specific use of this agent in the claimant's chronic setting for a diagnosis of impingement as an isolated intervention would not be supported. California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of "home exercise kit" would not be supported. Clinical records do not indicate why the claimant would be unable to perform home exercises. There is a lack of physical examination findings or recent documentation of treatment provided for review. Given the claimant's timeframe from injury and lack of documentation as noted, the request for a "exercise kit" in this case would not be indicated.