

Case Number:	CM13-0019689		
Date Assigned:	11/08/2013	Date of Injury:	02/15/2013
Decision Date:	02/26/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

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 52-year-old injured worker who was injured on 10/15/12. The clinical records specific to the claimant's right shoulder revealed that the claimant was status post a 05/01/13 right rhomboid and latissimus dorsi repair. Since time of injury, the patient has undergone trigger point injections, medication management, massage therapy, and acupuncture. There was notation that the claimant has undergone a full three months of physical therapy treatment since time of his surgery. A follow up report on 08/13/13 with [REDACTED] indicated the need for continuation of physical therapy as well as multiple supplies and equipment in regard to the use of a RS-41 unit for use.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME posture cue shirt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, "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". Furthermore the Chronic Pain Medical Treatment Guidelines, states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine; pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person." Based on the California MTUS Guidelines, the role of "garments" or assistive supportive devices in regard to the stimulator request in this case would not be indicated. The stimulator itself is not supported for current use at this time. The continued role of supplies in regard to the use of this device also would not be indicated. The request for a DME posture cue shirt is not medically necessary and appropriate.

Model Rs41 unit: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, "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". Furthermore the Chronic Pain Medical Treatment Guidelines, states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine; pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person." Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of interferential devices is not recommended as an isolated

intervention. The records in this case do not indicate other forms of current treatment currently being utilized in the claimant's clinical course of care. The isolated role of this modality at this stage in the claimant's postoperative course of care would not be indicated. The request for a Model Rs41 unit is not medically necessary and appropriate.

Reissued interferential unit with compatible vest by RS medical unit: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, "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". Furthermore the Chronic Pain Medical Treatment Guidelines, states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine; pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person." Based on the California MTUS Guidelines, the role of "garments" or assistive supportive devices in regard to the stimulator request in this case would not be indicated. The stimulator itself is not supported for current use at this time. The continued role of supplies in regard to the use of this device also would not be indicated. The request for a reissued interferential unit with compatible vest by RS medical is not medically necessary and appropriate. The request for a reissued interferential unit with compatible vest by rs medical, is not medically necessary and appropriate.

Full back garment: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, "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". Furthermore the Chronic Pain Medical Treatment Guidelines, states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine; pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person." Based on the California MTUS Guidelines, the role of "garments" or assistive supportive devices in regard to the stimulator request in this case would not be indicated. The stimulator itself is not supported for current use at this time. The continued role of supplies in regard to the use of this device also would not be indicated. The request for a full back garment is not medically necessary and appropriate.