

Case Number:	CM13-0024986		
Date Assigned:	12/18/2013	Date of Injury:	04/28/2013
Decision Date:	02/27/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

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 63-year-old female who was injured in a work related accident on 04/28/13. She was lifting boxes resulting in acute complaints of left upper extremity pain. The current clinical diagnosis is left shoulder pain as well as left medial epicondylitis at the elbow. The claimant was also noted to have lumbar complaints at time of injury. Last clinical assessment for review is from 11/27/13 by [REDACTED] where he diagnosed the claimant with lumbar disc displacement, adhesive capsulitis, bursitis, tendinosis of the left shoulder, olecranon bursitis and epicondylitis of the elbow, and tendonitis and carpal tunnel syndrome of the wrist. Medications were prescribed in the form of Tramadol and Naprosyn. There is currently a request for purchase of an interferential unit for further treatment and care in regard to the claimant's current diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of Interspec IF unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS Page(s): 118.

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Guidelines, the role of an interferential unit is only indicated for use in conjunction with modalities including return to work, exercise, and medications. There is no indication for the use of this stimulator as an independent source of treatment or isolated course of care. The claimant's current clinical records would fail to support the purchase of the above device based on the current clinical presentation and conservative care being utilized.