

Case Number:	CM13-0041047		
Date Assigned:	12/20/2013	Date of Injury:	10/23/2012
Decision Date:	02/20/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois, Indiana and Texas. 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 55-year-old female who reported an injury on 10/23/2012, due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to her right wrist, right shoulder, and cervical spine. Chronic right shoulder pain ultimately resulted in right shoulder arthroscopy, subacromial decompression, and debridement of the partial rotator cuff tear on 09/19/2013. The patient was treated postoperatively with physical therapy, medications, and a home exercise program. The patient's most recent clinical examination findings included decreased range of motion of the right shoulder described as 160 degrees in flexion, 140 degrees in abduction, 45 degrees in internal rotation, and 55 degrees in external rotation. It was also noted that the patient had tenderness to palpation over the right trapezius and cervical paraspinal musculature. The patient's diagnoses included a sprain/strain of the cervical spine, impingement syndrome, rotator cuff tendinosis, status post right thumb arthroplasty, rotator cuff tear of the right shoulder, status post right shoulder arthroscopy, subacromial decompression, and debridement of partial rotator cuff tear. The patient's treatment plan was to participate in postoperative physical therapy, home exercise programs, and continue medication management

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit with supplies: Upheld

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

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

Decision rationale: The requested interferential unit with supplies is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has recently undergone surgical intervention. California Medical Treatment Utilization Schedule recommends an interferential unit to assist with pain control so that a patient can participate in a physical therapy program. However, the request as it is written does not clearly identify whether this is for purchase or rental. California Medical Treatment Utilization Schedule recommends the purchase of an interferential unit be based on a 30 day clinical trial that produces significant functional benefits and pain relief. As there is no documentation that the patient has undergone a trial of this type of therapy, the purchase of an interferential unit would not be indicated. As such, the interferential unit with supplies is not medically necessary or appropriate.