

Case Number:	CM13-0042346		
Date Assigned:	12/27/2013	Date of Injury:	04/04/1996
Decision Date:	02/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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 Family Practice 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 64-year-old female who reported an injury on 04/04/1996. The patient is currently diagnosed with shoulder pain and neck pain. The patient was seen by [REDACTED] on 09/04/2013. The patient presented with complaints of left shoulder and neck pain. Physical examination revealed tenderness to palpation over the cervical paraspinous musculature; intact sensation; limited active range of motion; tenderness to palpation in the lateral deltoid and superior and medial trapezius; and full, active range of motion of the left shoulder with 5/5 strength. Treatment recommendations included an interferential unit to help relieve and manage pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit rental for 270 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 117-121.

Decision rationale: The California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness

except in conjunction with recommended treatments, including return to work, exercise, and medications. As per the clinical documentation submitted, there is no evidence of pain that has been ineffectively controlled due to diminished effectiveness of medications or side effects. There is also no evidence of unresponsiveness to conservative treatment. There is no documentation of this patient's active participation in a functional rehabilitation program. Medical necessity for the requested service has not been established. As such, the interferential unit rental for 270 days is not medically necessary or appropriate.

Purchase of 9 volt battery #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary service is not medically necessary, none of the associated services are medically necessary.

Purchase of electrodes #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary service is not medically necessary, none of the associated services are medically necessary.