

Case Number:	CM13-0048591		
Date Assigned:	12/27/2013	Date of Injury:	02/26/2002
Decision Date:	03/13/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 54-year-old male who sustained an injury on 02/26/2002 of an unspecified nature. The patient was noted to suffer from right shoulder pain and subsequently had an MRI on 06/26/2013 which had findings of moderate hypertrophic osteoarthropathy of the acromioclavicular joint and tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear. The patient underwent an arthroscopic right shoulder subacromial decompression, arthroscopic distal clavicular resection, arthroscopic extensive debridement of an undersurface partial thickness supraspinatus/infraspinatus tendon tear and extensive debridement of an anterior superior labral tear on 10/23/2013. The patient was seen on 11/11/2013 with complaints of right shoulder pain and stiffness with limited mobility. The treatment plan indicated cold packs, EMS, ultrasound and therapeutic exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pack of sterile foam electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

Decision rationale: The request for 1 pack of sterile foam electrodes is non-certified. The California MTUS Guidelines state that interferential current stimulators are 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, and limited evidence of improvement on those recommended treatments alone. The documentation submitted for review did not indicate an adjunct treatment to be performed with the interferential current stimulator. There was no indication that the patient was returning to work, and there was no list of medications prescribed. As the request for the interferential unit was non-certified, there is no need for 1 pack of sterile foam electrodes. Given the information submitted for review, the request for one pack of sterile foam electrodes is non-certified.

Three (3) packs of non sterile 2 inch round electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS)..

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

Decision rationale: The request for 3 packs of nonsterile 2 inch round electrodes is non-certified. The California MTUS Guidelines state that interferential current stimulators are 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, and limited evidence of improvement on those recommended treatments alone. The documentation submitted for review did not indicate an adjunct treatment to be performed with the interferential current stimulator. There was no indication that the patient was returning to work, and there was no list of medications prescribed. As the request for the interferential unit was non-certified, there is no need for 3 packs of nonsteroid 2 inch round electrodes. Therefore, the request for 3 packs of nonsterile 2 inch round electrodes is non-certified.

One month rental of interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS)..

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

Decision rationale: The Physician Reviewer's decision rationale: The request for a 1 month rental of an interferential unit is non-certified. The California MTUS Guidelines state that interferential current stimulators are 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, and limited evidence of improvement on those recommended treatments alone. The documentation submitted for review did not indicate an adjunct treatment to be performed with the interferential current stimulator. There was no indication that the patient was returning to work, and there was no list of medications prescribed.

Given the information submitted for review, the request for a 1 month rental of an interferential unit is non-certified.