

Case Number:	CM13-0050617		
Date Assigned:	12/27/2013	Date of Injury:	07/09/2012
Decision Date:	08/12/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 expert 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 injured worker is a 31 year old female who reported an injury to her right shoulder. The clinical note dated 06/06/13 indicates the injured worker complaining of right shoulder pain with associated stiffness and range of motion limitations. The note indicates the injured worker having previously undergone chiropractic therapy to address these complaints. The clinical note dated 07/09/13 indicates the injured worker currently utilizing an IF-4 unit at home. The injured worker reported some benefit. There is an indication the injured worker has previously undergone an Open Reduction Internal Fixation (ORIF) at the right distal forearm. A well-healed surgical scar was identified at the right wrist and forearm over the ventral and mid distal aspect of the right wrist and forearm. Decreased sensitivity was identified to light touch and pin prick over the right forearm as well. The injured worker was identified as having positive Tinel's and Phalen's signs on the right. The injured worker was being recommended for a paraffin bath as well as continued use of an IF-4 unit. Electrodiagnostic studies completed on 06/25/13 revealed essentially normal findings in both upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF 4 INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The documentation indicates the injured worker complaining of pain at the right shoulder. There is also an indication in the clinical notes the injured worker has been utilizing a home IF-4 unit. However, the continued use of an IF-4 unit is indicated provided the injured worker meets specific criteria to include an objective functional improvement with the use of the unit. There are subjective statements regarding the injured worker's claim of benefit with the use of the IF-4 unit. However, no objective data was submitted confirming the injured worker's improvement with the use of the device. Therefore, the IF 4 Interferential Unit is not indicated as medically necessary.