

Case Number:	CM13-0053128		
Date Assigned:	12/30/2013	Date of Injury:	09/16/2012
Decision Date:	04/29/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine, 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 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:

According to the records made available for review, this is a 63-year-old with a September 16, 2012 date of injury. At the time of request for authorization, on October 18, 2013, for Interferential Current Stimulator, 30 days, there is documentation of subjective (right shoulder pain) and objective (right shoulder painful ROM [range of motion] and diffuse tenderness) findings, current diagnoses (chronic musculoskeletal pain syndrome), and treatment to date (medications, physical therapy, and acupuncture). A September 20, 2013 medical report identified that the patient has chronic intractable musculoskeletal pain, and that the patient's pain is ineffectively controlled. There is no documentation that the IF (Interferential) unit will be used in conjunction with recommended treatments, including return to work, exercise and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL CURRENT STIMULATOR, 30 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that 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. Within the medical information available for review, there is documentation of diagnoses of chronic musculoskeletal pain syndrome. In addition, there is documentation limited evidence of improvement on those recommended treatments alone. However, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications. The request for an IF current stimulator for thirty days, is not medically necessary or appropriate.