

Case Number:	CM13-0054102		
Date Assigned:	12/30/2013	Date of Injury:	08/15/2011
Decision Date:	03/20/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation, 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 54-year-old female who reported a work-related injury on 8/15/11. The patient was pushing a large rack filled with plates, when the rack began to slide away from her; to prevent the rack from sliding, the patient pulled it towards her, causing sharp abdominal pain, along with pain in the neck, back, and both shoulders. The most recent examination revealed that the patient had tenderness to palpation and spasm, decreased range of motion, and a positive compression test on the cervical spine. Examination of the thoracic and lumbar spine revealed that the patient had tenderness to palpation and spasms. The lumbar spine examination further revealed the patient had decreased range of motion. The patient had tenderness to palpation anteriorly in the clavicle region of the right shoulder. On the left shoulder, the patient had tenderness to palpation anteriorly, posteriorly, laterally, and in the biceps tendon groove, deltoid muscle, and rotator cuff muscle, as well as the acromion process. The patient had decreased range of motion in the left shoulder, as well as a positive impingement test. The patient's diagnoses include cervical musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease; thoracic musculoligamentous sprain/strain; lumbosacral musculoligamentous sprain/strain with radiculitis, rule out lumbosacral spine discogenic disease, rule out umbilical hernia; bilateral shoulder sprain/strain; bilateral shoulder impingement syndrome; left shoulder adhesive capsulitis; and sleep disturbance secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an interferential unit and cold therapy kit for both shoulders, the neck, and upper and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 201-205, 298, Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: The California MTUS does not recommend interferential current stimulation (ICS) as an isolated intervention; it should be used with recommended treatments, including work, and exercise. The clinical documentation submitted for review failed to indicate the necessity for purchasing an interferential unit, as the patient had not completed a trial of the unit. There was also a lack of documentation indicating that the patient was approved for physical therapy, or would be using the unit as an adjunct to work. The request for the purchase of an interferential unit would not be supported. The ACOEM Guidelines indicate that at-home applications of cold in the first few days of an acute complaint are appropriate, and thereafter, either heat or cold may be applied. There was a lack of documentation indicating the necessity for a cold therapy kit versus the use of home application of cold packs. There was a lack of documentation indicating what the cold therapy kit included. The request for the purchase of a cold therapy kit would not be supported. As such, the request is noncertified.