

Case Number:	CM13-0057747		
Date Assigned:	12/30/2013	Date of Injury:	10/31/2010
Decision Date:	04/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working least at 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 38 year old female who had a date of work injury of 10/31/10. On the date of injury the patient was moving a number of trays weighing about 35 pounds with bread on them to cooling vats. She had pain. Her diagnoses include 1. Cervical spine sprain; 2. C6-C7, disc desiccation with 2 mm central and right paracentral disc protrusion; 3. Sprain/strain, lumbar spine; 4. L5-S1 degenerative disc disease with disc bulge; 5. Rotator cuff (supraspinatus/infraspinatus) tendinosis, right shoulder; status post arthroscopic surgery with residual pain in the right periscapular region secondary to injury to the long thoracic nerve; 6. Degenerative joint disease, right shoulder; 7. Sprain/strain bilateral wrists; 8. Tenosynovitis, right wrist; 9. Right knee pain presently unremarkable; 10. Anxiety/tension reactive to pain and stress; 11. Depression; 12. Insomnia secondary to pain; and 13. Helicobacter pylori infection. A 9/27/13 primary treating physician office visit reveals that the patient complains of pain in the neck, whole back, shoulders, wrists, and hands. She also complains of pain in the legs, right worse than left, and is associated with tingling sensations and numbness radiating from the low back. She reports experiencing gastritis secondary to medications. She reports experiencing depression. A 9/27/13 Physical examination in a comprehensive orthopedic evaluation indicated that the patient has no evidence of Horner syndrome. She does have supraclavicular and infraclavicular swelling and tenderness, brachial plexus neural tension signs are positive, i.e., radial, ulnar, and median nerve neural tension signs are positive and increased with contralateral neck bending. Her neck moves well with flexion and extension; but with lateral rotation and lateral bending. She does have decreased painful motion to the left. Her shoulder actually moves well. She is non-tender over her AC joint and non-tender over her SC joint. Her strength in the supraspinatus and external rotation is strong. She is not hyperreflexic. She does not have a clonus

and she has negative Hoffman sign, but her hand is warm and sweat pattern normal. The diagnostic studies that were done include: 09/14/10 MRI right wrist which revealed fluid around the flexor pollicis longus tendon suggesting presence of tenosynovitis and Mild - negative ulnar variance. 09/14/10 MRI Lumbar spine; Right-ward deviation of the upper lumbar spine may be positional in nature or due to mild dextroscoliosis. L5-S1 shows mild degenerative disc disease. There is L5-S1 mild disc bulging which is mildly indenting on the ventral thecal sac. No neural foraminal narrowing is appreciated. There is no change on the flexion and extension images. 09/14/10 MRI Cervical spine; C6-C7 shows mild disc desiccation with a 2 mm central and right paracentral disc protrusion mildly impressing on the ventral thecal sac. No neural foraminal narrowing appreciated. There were no changes seen on the flexion and extension views. A 10/26/10 EMG/NCS of the cervical spine and upper extremities revealed a 1. Normal EMG of the cervical spine and upper extremities showed no acute or chronic denervation potentials in any of the muscles tested. 2. Normal NCV studies of the upper extremities did not reveal any electrophysiological evidence of cervical radiculopathy or peripheral nerve entrapment. A 10/26/10 EMG/NCS Lumbar spine and lower extremities revealed: 1. Normal EMG of the lower extremities with no acute or chronic denervation potentials. 2. Normal NCV of the lower extremities did not reveal any electrophysiological evidence of peripheral nerve entrapment. A 05/12/11 x-ray right shoulder was unremarkable. An 11/14/12 MRI of the right shoulder revealed 1. Mild glenohumeral joint effusion; 2. Small subacromial/subdeltoid bursal effusion; 3. Acromioclavicular joint anhropathy; 4. Type IV (interiorly convex) Acromion; and 5. No other obvious abnormality noted. An 11/14/12 MRI of the right Scapula revealed no obvious abnormality. A 4/5/13 primary treating physician office visit revealed that the patient still complained of pain in the neck and in the low back. She reports noting improved range of motion of the shoulders. The patient uses an IF unit of home for pain symptoms of the neck and back and reports obtaining benefit from it. The treatment plan recommended includes the patient continuing her home exercise plan and interferential-4 unit at home as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued use of the Interferential (IF) 4 Unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical stimulators (E-stim), Transcutaneous electrotherapy, Interferential Current Stimulation (ICS)- pages 118-119.

Decision rationale: The continued use of the Interferential (IF) 4 Unit for home use is not medically necessary per the MTUS guidelines. The guidelines state that the interferential unit 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, and limited evidence of improvement on those recommended treatments alone. The documentation submitted does not reveal that patient has had significant functional improvements or decrease in pain with prior use of the interferential IF 4 unit. The continued use of the Interferential (IF) 4 unit for home use is not medically necessary.