

Case Number:	CM13-0061151		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2002
Decision Date:	05/09/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine & 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 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 patient is a 50-year-old male with a date of injury of 08/01/2002. The listed diagnoses per [REDACTED] are: Right upper extremity chronic pain syndrome; Right shoulder supraspinatus subscapularis and biceps tendinopathy/tendonitis; Right elbow lateral epicondylitis; Status post right ulnar nerve decompression at the elbow and wrist (2005). According to a report dated 10/07/2013, the patient continues to remain symptomatic with the left-sided pain to the neck, shoulder, and arm. There is numbness over the elbow region and continued numbness in the right hand. He describes pins and needles sensation over the right shoulder. It was noted the patient has failed conservative care including physical therapy. He has undergone right ulnar nerve compression at the elbow and wrist. Physical examination of the right shoulder revealed there is tenderness over the biceps tendon, deltoid muscle, and posterior aspect of the right shoulder. Range of motion of the right shoulder is slightly restricted. Examination of the right upper extremity reveals tenderness over the lateral epicondyle and over the extensor muscle group. There is decreased sensation to light touch noted over the site of the incision scar over the posterior aspect of the right elbow. There is tenderness over the volar aspect of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

STAT HOME INTERFERENTIAL ELECTRICAL STIMULATION UNIT PURCHASE:
Upheld

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

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

Decision rationale: This patient continues to remain symptomatic with the left-sided pain to the neck, shoulder, and arm. A home interferential electrical stimulator unit was recommended as a means to treat the patient's flare up of pain and to reduce the need for oral pain medication. The MTUS Chronic Pain Guidelines pages 118 to 120 states interferential current stimulation 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 randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." In this case, the interferential unit is not appropriate as the MTUS Chronic Pain Guidelines' criteria for interferential therapy were not met. There is no discussion of diminished effectiveness of medications, or ineffective controlled pain due to medication side effects, history of substance abuse, or postoperative pain. The request for the interferential stimulator is not medically necessary and appropriate.