

Case Number:	CM13-0063860		
Date Assigned:	12/30/2013	Date of Injury:	10/09/2010
Decision Date:	04/14/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/10/2013

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 and Rehabilitation, and is licensed to practice in Illinois. 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 47-year-old male who reported an injury on 10/09/2010 due to a motorcycle accident. The patient reportedly sustained an injury to multiple body parts to include the right shoulder. The patient's most recent clinical documentation noted that the patient was treating surgically with right shoulder arthropathy for a superior labrum tear. The patient's most recent clinical examination findings noted that the patient had a steady progress with physical therapy however, continued to had deficits of stiffness and pain. Physical findings included range of motion described as 0 degrees to 140 degrees in forward flexion and 125 degrees in abduction. The patient's diagnoses included status post endoscopic ACL reconstruction, bilateral shoulder impingement, and status post shoulder diagnostic and operative arthroscopy on 09/27/2013. Request was made for 1 muscle stimulation/inferential unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MUSCLE STIMULATION/INTERFERENTIAL UNIT WITH SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

Decision rationale: California Medical Treatment Utilization Schedule recommends a 30 day trial of an interferential unit for patients who have pain that is ineffectively controlled with medications and limits their ability to perform in postoperative physical therapy treatment. The clinical documentation submitted for review does indicate that the patient has continued pain complaints and stiffness with physical therapy treatments. However, there is no documentation that the patient's pain is ineffectively managed by medications or that the patient is unable to tolerate oral medications. Additionally, the request as it is written does not clearly identify if the intended treatment is for a 30 day clinical trial. Therefore, the appropriateness of this request cannot be determined. As such, the requested 1 muscle stimulation/interferential unit with supplies is not medically necessary or appropriate.