

Case Number:	CM13-0064151		
Date Assigned:	01/03/2014	Date of Injury:	01/05/2008
Decision Date:	05/30/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology, 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:

This is a 53 year old female patient s/p injury 1/5/08. There is a request for authorization form identifying a request for a home interferential unit for purchase and a shoulder exercise kit dated 11/13/13. There is a clinical progress note included for review from 10/21/11 which identified that the patient has a wrist sprain. A 2/6/13 progress note indicates that the patient has pain in the cervical spine, shoulder, and right elbow and wrist. There is decreased cervical range of motion with spasm, guarding, and tenderness. There is positive Hawkins test of the elbow on the right side. There is positive Phalen's at the wrist. There is tenderness over the AC joint and positive impingement sign. The patient has been treated with medication and work modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

A SHOULDER EXERCISE KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: ODG states that exercise equipment is considered not primarily medical in nature. The ODG's criteria for durable medical equipment is that it can withstand repeated use, is

primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. There is no description of the contents of the kit, exercises to be done, or a description of other attempts at physical therapy or home exercise. There is no evidence that the patient was instructed in appropriate use by a medical provider. The request is therefore not medically necessary and appropriate.

THE PURCHASE OF AN INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 118-120.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that 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 studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain, and knee pain. However, there is no clear description of conservative measures being exhausted and ineffective. There is no evidence that a trial has been completed and evidence of objective measures of response with a trial. The request is not medically necessary.