MAXIMUS Federal Services

Case Number:	CM13-0070772		
Date Assigned:	01/03/2014	Date of Injury:	11/30/2011
Decision Date:	05/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/25/2013

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, Pain Medicine , and is licensed to practice in Florida. 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 injured worker is a 54 year old female who reported an injury on 11/30/2011 secondary to being struck by a door. She was diagnosed with severe impingement syndrome of the right shoulder and underwent an arthroscopic subacromial decompression with resection of the coracoacromial ligament, debridement of the rotator cuff, Mumford procedure, and partial acromionectomy on 11/15/2013 according to the operative report provided. The injured worker was evaluated on 12/06/2013 and reported improving shoulder pain and range of motion with post-operative physical therapy treatments she was receiving at that time. A request for authorization was submitted on 12/17/2013 for a MEDS 4 interferential unit for 3 months with electrodes each month.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS 4 INTERFERENTIAL UNIT FOR THREE MONTHS WITH ELECTRODES EACH MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES DEVICES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Neuromuscular Electrical Stimulation (NMES DEVICES) pg(s)118-120, 121.

Decision rationale: The request for a Meds-4 interferential unit for three months with electrodes each month isnot medically necessary. MEDS-4-INF+ is unit that delivers both neuromuscular electrical stimulation and interferential current stimulation. California MTUS Guidelines currently do not recommend neuromuscular electrical stimulation. Guidelines also state that there is insufficient research to support the use of interferential current stimulation to treat soft tissue injury or to enhance wound healing and should only be recommended after failure of conservative care to include medications and physical therapy. Physical therapy notes were not provided. There is no legible documentation of attempted treatment with medications at the time of the request. Furthermore, the injured worker reported pain relief and functional improvement. Therefore, there is no documented evidence of failure of conservative care to meet criteria for treatment with an interferential current stimulation unit. Furthermore, guidelines only recommend a one-month trial of interferential current stimulation for injured workers who have failed conservative care. The request according to the documentation provided is for the purchase of a MEDS-4 unit to be used for 3 months, which exceeds guideline recommendations. As such, the request for a Meds-4 interferential unit for three months with electrodes each month is not medically necessary.