

Case Number:	CM13-0071752		
Date Assigned:	01/29/2014	Date of Injury:	10/15/2007
Decision Date:	06/13/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 15, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy to date; a TENS unit; topical compounds; and extensive periods of time off of work, and are on total temporary disability. In a utilization review report of November 20, 2013, the claims administrator denied a request for a three-month rental of an interferential stimulator device. The applicant's attorney subsequently appealed. A subsequent progress note of December 20, 2013 is difficult to follow and is not entirely legible, and is notable for comments that the applicant is off of work, on total temporary disability. It was stated that the applicant was reportedly making good progress with right shoulder physical therapy and was using a topical compounded Cyclobenzaprine containing cream. The applicant had a pending agreed medical evaluation. It was stated that the applicant was using a TENS unit and was in the process of receiving both acupuncture and physical therapy. An earlier note of October 4, 2013, also handwritten and difficult to follow, was notable for comments that the applicant was pursuing physical therapy, was off of work, on total temporary disability, and was using unspecified medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MONTH RENTAL OF AN INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, interferential stimulation is recommended on a one-month trial basis in applicant's in whom pain is ineffectively controlled due to diminished efficacy of medications, evidence that an applicant has a history of substance abuse that would make provision of analgesic medications unwise, evidence that pain is ineffectively controlled with medications due to side effects, and/or evidence that the applicant is having pain issues, which are preventing participation in exercise program or physical therapy treatment. In this case, however, none of these criteria have been met. The employee is reportedly participating in physical therapy with reportedly good effect, which was noted by the treating provider. There was no mention of any intolerance to and/or failure of first line oral pharmaceuticals. The progress notes on file are sparse, handwritten, and do not make a compelling case for usage of the device in question. Finally, the proposed three-month trial rental of the interferential current stimulator device runs counter to the 30-day trial recommended on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines in individuals who meet the aforementioned criteria. Therefore, the request for a three-month rental of an interferential unit is not medically necessary and appropriate.