

Case Number:	CM14-0003428		
Date Assigned:	01/22/2014	Date of Injury:	10/01/2013
Decision Date:	04/24/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/09/2014

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 patient is a 41-year-old female with a 10/1/13 date of injury. Subjective complaints include neck, right shoulder, and back pain, and objective findings include tenderness over the cervical and lumbar spine, tenderness over the right shoulder, positive Fabere's test, and positive Neer's and speed's tests. Current diagnoses include cephalgia, cervical spine sprain/strain, right shoulder impingement syndrome, and lumbar sprain/strain, and treatment to date has been physical therapy and medications

IMR ISSUES, DECISIONS AND RATIONALES

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

IF UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 118-120.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify that interferential current stimulation is not recommended as an isolated intervention, and that 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. Within the medical information available for review, there

is documentation of diagnoses of cephalgia, cervical spine sprain/strain, right shoulder impingement syndrome, and lumbar sprain/strain. However, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for an IF unit is not medically necessary