

Case Number:	CM14-0004051		
Date Assigned:	01/22/2014	Date of Injury:	03/14/2012
Decision Date:	07/09/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/10/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 year-old male who was injured on March 14, 2012. The patient continued to experience low back pain and pain in his right shoulder. MRI showed moderate impingement with tendinopathy of the supraspinatus tendon. The patient underwent right shoulder arthroscopy on September 6, 2013. The patient was experiencing continues right shoulder and stiffness. The patient received postoperative physical therapy. Requests for authorization for RS-4I Plus Device 1 month rental, purchase electrode - 2 inch round, purchase electrode 2-2 inch square, and purchase RSLBL low back garment were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RS-4I PLUS DEVICE X 1 MONTH RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

Decision rationale: RS-4i device is a sequential stimulator that delivers interferential stimulation for pain relief. Interferential current stimulation (ICS) 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. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. In this case there is no documentation that medications have been ineffective or that the patient had substance abuse or was unable to perform exercise programs or physical therapy. There is no indication for the device. The request should not be authorized.

ELECTRODE 2 INCH ROUND- PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

Decision rationale: The electrode is a piece of equipment used with the RS-4i device, a sequential stimulator that delivers interferential stimulation for pain relief. Interferential current stimulation (ICS) 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. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. In this case there is no documentation that medications have been ineffective or that the patient had substance abuse or was unable to perform exercise programs or physical therapy. The request for the RS-4i is not authorized. The equipment used with the device is, therefore, not necessary. The request should not be authorized.

ELECTRODE 2 X 2 SQUARE- PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

Decision rationale: The electrode is a piece of equipment used with the RS-4i device, a sequential stimulator that delivers interferential stimulation for pain relief. Interferential current stimulation (ICS) 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. ICS is indicated when pain is ineffectively controlled due to diminished

effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. In this case there is no documentation that medications have been ineffective or that the patient had substance abuse or was unable to perform exercise programs or physical therapy. The request for the RS-4i is not authorized. The equipment used with the device is, therefore, not necessary. The request should not be authorized.

RSLBL LOW BACK GARMENT- PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

Decision rationale: The RSLBL low back garment is a piece of equipment used with the RS-4i device, a sequential stimulator that delivers interferential stimulation for pain relief. Interferential current stimulation (ICS) 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. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. In this case there is no documentation that medications have been ineffective or that the patient had substance abuse or was unable to perform exercise programs or physical therapy. The request for the RS-4i is not authorized. The equipment used with the device is, therefore, not necessary. The request should not be authorized.