

Case Number:	CM14-0104442		
Date Assigned:	10/09/2014	Date of Injury:	04/27/2011
Decision Date:	11/28/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/07/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgeon and is licensed to practice in Texas and Georgia. 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 28-year-old female who reported an injury on 01/28/2014. The mechanism of injury was repetitive motion. The diagnoses included cervical radiculitis with bilateral C5 and C6 encroachment, right shoulder tendinopathy, and right lateral epicondylitis. The previous treatments included medication, physical therapy, cervical x-rays, right shoulder injections, and chiropractic sessions. Within the clinical documentation dated 07/29/2014, it was reported the patient complained of less shoulder pain following an injection. She complains of some persistent neck pain and stiffness. Upon the physical examination, the provider noted the injured worker to have tenderness involving the lateral aspect of the shoulder with decreased tenderness of the subdeltoid bursa. There was mild residual tenderness in the paracervical region with modest muscle guarding on the right side. The injured worker had a Spurling's sign associated with discomfort that extends into the right arm. The provider recommended the injured worker to continue home-based exercise program and medication. A request was submitted for postoperative purchase of an interferential stimulator unit for the right shoulder, 4 units of electrode packs, and 12 units of poser pack batteries, 4 units of adhesive remover, plus shipping and handling fee. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative purchase of an interferential stimulator unit (VQ Surgi-Stim) for the right shoulder, including 4 units of electrode packs, 12 units of poser pack batteries, 4 units of adhesive removers, plus shipping and handling fee.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118-120.

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

Decision rationale: The request for postoperative purchase of an interferential stimulator unit (VQ Surgi-Stim) for the right shoulder, including 4 units of electrode packs, 12 units of poser pack batteries, 4 units of adhesive remover, plus shipping and handling fee is not medically necessary. The California MTUS Guidelines do not recommend a stim care unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments including return to work, exercise, and medication and limited evidence of improvement on those recommended treatments alone and may possibly be appropriate for the following conditions if documented: that pain is ineffectively controlled due to diminished effectiveness of medication, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions which limits the ability to perform exercise program/physical therapy treatments, or unresponsive to conservative measures. There is a lack of clinical documentation indicating the injured worker had undergone surgery requiring postoperative purchase for the requested services. There is a lack of documentation indicating the injured worker to have a history of substance abuse. There is a lack of documentation indicating pain is ineffectively controlled due to diminished effectiveness in medication. Therefore, the request is not medically necessary.