MAXIMUS Federal Services

Case Number:	CM14-0011722		
Date Assigned:	02/21/2014	Date of Injury:	01/18/2013
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/29/2014

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:

Patient is a 59-year-old with date of injury January 18,2 013. The medical record associated with the request for authorization, a primary treating physician's progress report, dated January 2, 2014, lists subjective complaints as pain in the left shoulder, left elbow and left wrist. Patient has attended twelve chiropractic sessions to date .Objective findings: Examination of the left shoulder revealed tenderness to palpation over the anterior capsule, trapezius muscle and levator scapulae muscle with trigger points palpated. Subacromial crepitus was slightly present. Impingement test was positive. Cross Arm tests elicited posterior pain. Examination of the left elbow revealed tenderness to palpation over the external muscle group and proximal to mid forearm more so than the lateral epicondyle. Crepitus was not present. Cozen's test was positive, Tinel's sign negative. Examination of the left wrist reveals tenderness to palpation over the dorsal capsule and first dorsal compartment. Crepitus was not present. Finklestein's test was positive. Phalen's test elicited pain only and Tinel's sign was negative. Diagnosis: 1. Left shoulder sprain/strain, impingement syndrome, calcific tendinitis and bursitis 2. Left elbow/ forearm strain and lateral epicondylitis 3. Left wrist sprain and De Quervain's tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF INTERFERENTIAL UNIT FOR 30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, INTERFERENTIAL CURRENT STIMULATION, 114-121

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20 - 9792.26 Page(s): 118-120.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines an 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain and knee pain. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. The request for the rental of interferential unit for thirty days is nto emdically necessary or appropriate.