

Case Number:	CM14-0012747		
Date Assigned:	02/21/2014	Date of Injury:	09/19/2012
Decision Date:	08/07/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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:

This is a 60-year-old female with a 9/19/12 date of injury. A 1/16/14 progress report indicates persistent cervical and left shoulder pain. Physical exam demonstrates limited cervical range of motion and positive foraminal compression test. There is left shoulder tenderness, positive impingement signs, limited left shoulder range of motion. The remainder of the 1/16/14 medical report is largely illegible secondary to handwriting and reproduction. The treatment to date has included medication, activity modification, acupuncture, and physical therapy. The patient underwent left proximal row carpectomy on 2/5/13. There is documentation of a previous 1/17/14 adverse determination because Interferential (IF) therapy is considered investigational for all indications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) unit (Ortho stim 4) with supplies, for two (2) months rental, for neck and shoulders: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial of interferential therapy may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications, or pain is ineffectively controlled with medications due to side effects; or history of substance abuse, or significant pain from postoperative conditions limits the ability to perform, exercise programs/physical therapy treatment, or unresponsive to conservative measures. However, in this case, there is no evidence of diminished effectiveness of medications or side effects. The patient has made documented progress with physical therapy. It is unclear why interferential therapy would be required. In addition, a trial should usually have a one month duration. Therefore, the request for an Interferential (IF) unit (Ortho stim 4) with supplies, for two (2) months rental, for neck and shoulders is not medically necessary.