

Case Number:	CM14-0016811		
Date Assigned:	04/11/2014	Date of Injury:	09/19/2012
Decision Date:	05/28/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/10/2014

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 Orthopedic Surgery 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 claimant is a 45-year-old female who sustained a right shoulder injury on September 19, 2012. The report of an MRI of the right shoulder dated April 12, 2013 identified acromioclavicular arthrosis with a complete tear with associated bursal fluid around the supraspinatus. The report of a February 14, 2014 follow up examination documented continued right shoulder complaints with radiating pain from the neck into the right arm to the level of the elbow. The claimant described difficulty with overhead activity, reaching and lying on her side. The claimant's physical examination showed restricted range of motion of the shoulder with motor weakness of 4/5. Diagnosis was documented as a full thickness retracted rotator cuff tear with symptomatic impingement. Conservative treatment was noted to include physical therapy, medication management, acupuncture, chiropractic measures, aquatic therapy and activity restrictions. The recommendation was made for shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF4 UNIT FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118 & 120.

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

Decision rationale: California MTUS Chronic Pain Guidelines would not support the role of an interferential unit in the postoperative setting. Interferential units are recommended in conjunction with return to work, exercise, medications, with limited evidence of improvement and its role as an isolated intervention. There are no current Chronic Pain Guideline criteria that would support its role in the acute surgical setting. Therefore, the specific postsurgical request in this instance would not be supported.