

Case Number:	CM14-0119428		
Date Assigned:	08/06/2014	Date of Injury:	02/13/2012
Decision Date:	09/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 62-year-old female who reported an injury on 02/13/2012. The mechanism of injury was not provided. On 06/18/2014, the injured worker had complaints of pain in the right shoulder. Upon examination, she had diminished sensation in the right lateral shoulder. The note is handwritten and largely illegible. Prior treatment included acupuncture and the use of an interferential unit. The provider recommended an interferential unit and supplies, 1 to 2 month rental. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit & supplies, 1-2 month rental: 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): 118-119.

Decision rationale: 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 medications. It may be

recommended if pain is ineffectively controlled by medications, medication intolerance, history of substance abuse, significant pain from postoperative conditions which limits the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures. There is a lack of evidence in the documentation provided that would reflect diminished effectiveness of medications, a history of substance abuse, or any postoperative conditions which would limit the injured workers ability to perform exercise programs/physical therapy treatment. There is lack of documentation of the injured worker's unresponsiveness to conservative measures. The requesting physician did not include an adequate and complete assessment of the injured worker's objective functional condition, which would demonstrate deficits needing to be addressed, as well as establish a baseline by which to assess objective functional improvement over the course of therapy. Additionally, the provider's request for interferential unit did not indicate the site that the interferential unit was indicated for in the request as submitted. As such, the request for Interferential unit & supplies, 1-2 month rental is not medically necessary.