

Case Number:	CM14-0128626		
Date Assigned:	08/15/2014	Date of Injury:	03/13/1995
Decision Date:	09/18/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 has a history of a cumulative trauma work injury with date of injury of 03/13/95. She developed symptoms in the neck, shoulders, and arms while working as a Senior management analyst. Treatments have included multiple right shoulder injections, physical therapy, and acupuncture. She participated in a course of physical therapy with therapeutic content including ultrasound, electrical stimulation, diathermy, and myofascial release. Treatments are documented from 04/18/11 through 06/27/11. In May, July, and September 2012 cervical epidural steroid injections were performed. Medications had included Naprosyn and Norflex. An MRI of the right shoulder in December 2013 showed findings of a full thickness supraspinatus tear. She was seen by the requesting provider on 11/14/13. She had improved after 5-6 chiropractic treatment. She had increased activity tolerance. There had been temporary relief of shoulder pain after an injection. She was to continue receiving chiropractic care. She was continued at modified work. Naprelan was prescribed. On 01/18/14 she was having sharp shooting pain from the neck into the mid back. She had trapezius/levator tenderness with right greater than left sided muscle spasms and positive cervical compression testing. There was decreased cervical spine range of motion. Flexeril was refilled for a flare up of cervical spine symptoms. She was to continue a home exercise program. She was seen on 02/18/14 for an orthopedic evaluation with pain rated at 8-10/10. She had decreased shoulder range of motion with supraspinatus, greater tuberosity, and biceps tenderness and tenderness over the acromioclavicular joint. There was subacromial crepitus and decreased right shoulder strength. There was positive impingement testing and pain with compression of the acromioclavicular joint. Surgery was recommended. On 04/24/14 she was having on and off difficulties with her right shoulder. She had decreased range of motion with tenderness and positive impingement

testing. A surgical evaluation was pending. Norco, Naprelan, and Prilosec were prescribed. On 05/30/14 she had severe pain when reaching with her right arm. She was to continue a home exercise program. An x-ray of the right shoulder on 06/06/14 showed findings of moderate acromial clavicular joint arthritis and mild glenohumeral joint arthritis. On 07/21/14 she was having ongoing shoulder pain with reaching. Physical examination findings appear unchanged. She was continued at restricted work. A one month rental of an interferential stimulator unit to be used two times per day for pain control with goals of decreased medication use, decreased muscle spasms, reduction of inflammation and swelling, and as a self-management modality to improve functional capacity and activities of daily living was requested. On 08/01/14 Fexmid was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 AVID IF unit: Overturned

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

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

Decision rationale: The claimant has a history of a work-related injury occurring nearly 20 years ago and continues to be treated for chronic shoulder, neck, and back pain. Criteria for a one month trial of an interferential stimulation unit include ineffective pain control despite conservative measures such. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the criteria for a one month trial of interferential stimulation are met and therefore the request is medically necessary.