

Case Number:	CM14-0132465		
Date Assigned:	08/25/2014	Date of Injury:	05/07/2010
Decision Date:	10/23/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/19/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 51-year-old female who reported an injury on 05/07/2010. The mechanism of injury was not stated. The current diagnosis is pain in a joint of the shoulder. Previous conservative treatment is noted to include interferential stimulation, trigger point impedance imaging, and medication management. A retrospective management note was submitted on 07/25/2014 regarding the need for interferential stimulation between 09/20/2013 and 10/19/2013. Physical examination was not provided on that date. It was noted that a previous physician progress note dated 07/16/2013 documented neck and low back pain with decreased range of motion of the cervical and lumbar spine. The injured worker was then issued an interferential stimulator device for 1 month from 09/2013 to 10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME): Interferential Stimulator, Electrodes, Batteries, Lead Wires for the Neck, Back, Shoulders, Wrist and Left Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state interferential current stimulation 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. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. There was no documentation of a failure to respond to conservative treatment. There was also no evidence of a treatment plan with the specific short and long term goals of treatment with the unit. Based on the clinical information received, the request is not medically appropriate.