

Case Number:	CM14-0155139		
Date Assigned:	09/25/2014	Date of Injury:	03/31/2013
Decision Date:	11/12/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 49-year-old male with a 3/31/13 date of injury. At the time (6/9/14) of request for authorization for Interferential unit for purchase, Electrodes x10 packs for purchase, and Aqua relief system pad/wrap for purchase, there is documentation of subjective (low back and shoulder pain) and objective (tenderness over bilateral shoulder and pain on lateral flexion of lumbar spine) findings, current diagnoses (bilateral shoulder sprain/strain and lumbar spine sprain/strain), and treatment to date (medications, chiropractic therapy, and physical therapy). Regarding interferential unit and electrodes, there is no documentation that the interferential stimulator unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit for purchase: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain/strain and lumbar spine sprain/strain. However, there is no documentation that the interferential stimulator unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for Interferential unit for purchase is not medically necessary.

Electrodes x10 packs for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, PainDurable Medical Equipment (DME)

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain/strain and lumbar spine sprain/strain. However, there is no documentation that the interferential stimulator unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for Electrodes x10 packs for purchase is not medically necessary.

Aqua relief system pad/wrap for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, ShoulderContinuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous-flow cryotherapy Other Medical Treatment Guideline or Medical Evidence: [http://paintechnology.com/products/water-therapy-systems/the-aqua-relief-system-\(hotcold-therapy-pump\)-1181](http://paintechnology.com/products/water-therapy-systems/the-aqua-relief-system-(hotcold-therapy-pump)-1181)

Decision rationale: An online search identifies the requested Aqua relief system as a hot/cold therapy unit. MTUS does not address this issue. ODG identifies continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain/strain and lumbar spine sprain/strain. However, there is no documentation of a pending surgery that has been authorized/certified. In addition, the requested Aqua relief system for purchase exceeds guidelines (after surgery for up to 7 days, including home use). Therefore, based on guidelines and a review of the evidence, the request for Aqua relief system pad/wrap for purchase is not medically necessary.