

Case Number:	CM14-0164193		
Date Assigned:	10/09/2014	Date of Injury:	07/18/2014
Decision Date:	11/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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 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:

Medical records reflect the claimant is a 50 year old male who sustained a work injury on 7-18-14. The claimant has been treated with physical therapy and medications. Office visit on 8-1-14 notes the claimant has not improved. The claimant reports pain to the right shoulder. The claimant works 40 hours per week. On exam, the claimant has restricted range of motion, DTR is 4/4. Sensation is light/intact. There are no muscle spasms. There is tenderness of the right AC joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: IF Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - interferential current stimulation

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that this form of treatment 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, and limited evidence of improvement on those recommended treatments alone. There is an absence in documentation noting that this claimant has had a trial with daily pain diaries noting functional and documented improvement. Therefore, the medical necessity of this request is not established.