

Case Number:	CM14-0176404		
Date Assigned:	10/29/2014	Date of Injury:	08/20/2014
Decision Date:	12/10/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/24/2014

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 Tennessee. 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:

This is a 63-year old female patient with a date of injury on 8/20/2014. The mechanism of injury occurred when he was sustained cumulative trauma due to rolling chairs. In a progress noted dated 10/6/2014, the patient complained of frequent moderate to occasionally severe pain in both shoulders radiating to the arms, scapulae, and elbows. The patient reported painful clicking, popping and grinding sensations. The patient also reported weakness of the arms, and mild to moderate pain in the right wrist and hand at the volar and radial aspect. Objective findings: left shoulder was higher, patient uses a cane in the right hand, bilateral antalgic gait, tenderness to palpation over the acromioclavicular joints, pain in the bilateral calves with heel walking, pain in lumbar spine, and mild tenderness along the medial forefoot with ecchymosis. The diagnostic impression shows bilateral shoulder strain, right wrist de Quervain's, and lumbar spine sprain and strain. Treatment to date: medication management, behavioral modification. A UR decision dated 10/14/2014 denied the request for interferential unit rental for 1 month. The rationale provided regarding the denial was that there was no description of how this unit was intended to cure or relieve the employee's back pain or disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit rental for 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain - Interferential current stimulation(ICS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Therapy IF unit Page(s): 118-120.

Decision rationale: CA MTUS Guidelines indicates when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. However, in the 10/6/2014 progress report, there was no evidence that this patient had failed conservative therapy such as medications and physical therapy. There was no documentation that this patient had a history of substance abuse. Furthermore, there was no discussion regarding how this unit was intended to be used, and how it would relieve the patient's symptoms. Therefore, the request for interferential unit rental for 1 month was not medically necessary.