

Case Number:	CM14-0185856		
Date Assigned:	11/13/2014	Date of Injury:	05/30/2012
Decision Date:	12/30/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/07/2014

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 Orthopedic Surgery 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:

35-year-old injured worker with reported industrial injury of May 30, 2012. Right shoulder MRI from January 16, 2013 demonstrates mild tendinosis of the distal attachment of the supraspinatus and infraspinatus with no prominent partial or full-thickness rotator cuff tear. There is minimal degenerative changes at the acromioclavicular joint. the claimant is status post right shoulder arthroscopy with posterior labral repair on February 5, 2014. Exam September 9, 2014 demonstrates complaints of pain in the right shoulder with activities when the shoulder is moved. There is complaint of aching at night and while asleep. Examination discloses exquisite tenderness of the before meals joint of the right shoulder and exquisite tenderness over the anterolateral aspect of the acromion right shoulder. Tenderness is noted along the long head of the biceps anteriorly. External rotation is noted to be markedly limited with pressure anteriorly. There is no sudden drop in the arm taken in good functioning rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder 3 view x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Plain Radiographs.

Decision rationale: CA MTUS/ACOEM is silent on the indication for shoulder radiographs. According to ODG, Shoulder section, plain radiographs, indications include acute shoulder trauma or questionable bursitis or calcific tendonitis. In this case there is insufficient evidence of either scenario based upon the exam notes from 9/9/14. Therefore the request is not medically necessary.

Interferential current (IFC) unit (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 (ODG); Pain Chapter, Online; regarding: Interferential Current (IFC) Unit

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation Page(s): 117-118.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Galvanic Stimulation, page 117 and Interferential Current Stimulation, page 118, provide the following discussion regarding the forms of electrical stimulation, "Galvanic stimulation is not recommended by the guidelines for any indication. In addition interferential current stimulation is not recommended as an isolated intervention." Therefore, the request is not recommended by the applicable guidelines and is therefore is not medically necessary.

Supplies (3 Months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Online; regarding: Interferential Current (IFC) Unit

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation Page(s): 117-118.

Decision rationale: As the requested Interferential Current (IFC) Unit (Purchase) is not medically necessary, the requested supplies are also not medically necessary and appropriate.