

Case Number:	CM14-0021205		
Date Assigned:	05/07/2014	Date of Injury:	12/15/2011
Decision Date:	08/07/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 49-year-old female patient with a 12/15/11 date of injury. She injured herself while moving boxes from a conveyor belt and was hit by an 80-pound box. A progress report dated 2/4/14 indicated that the patient continued to have persistent back pain, neck and shoulder pain. Objective findings revealed limited range of motion of the shoulder with flexion 90 degrees, and abduction 90 degrees. There was tenderness of the cervical and lumbar spines. She was diagnosed with chronic cervical strain, chronic lumbar strain, and status post Right shoulder strain with tendinitis and impingement. Treatment to date is medication management. There is documentation of a previous 2/13/14 adverse determination. The decision for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL (IF) UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate 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, there was no documentation supporting failure of conservative medication or adverse side effects. In addition, there was no evidence of any condition to limit physical therapy treatment. There was no documentation of failure of a TENS unit. Therefore, the request for Interferential (IF) unit was not medically necessary.