

Case Number:	CM14-0021909		
Date Assigned:	05/09/2014	Date of Injury:	11/22/2013
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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, has a subspecialty in Sports Medicine 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:

The injured worker is a 56 year old female with an injury reported on 11/22/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 05/12/2014, reported that the injured worker complained of right shoulder pain. The physical examination findings reported range of motion to her right shoulder demonstrated flexion to 90 degrees, abduction to 40 degrees, internal rotation to 20 degrees, external rotation to 45 degrees, extension to 40 degrees, and adduction to 30 degrees. It was reported the injured worker had a positive Hawkins and Neer's test to her right shoulder. The injured worker's diagnoses included right rotator cuff tear, right shoulder sprain, and right elbow sprain. The request for authorization was submitted on 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL STIMULATOR (IF UNIT)/ TENS UNIT COMBO + SUPPLIES X 1 YEAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 189.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), & Transcutaneous electrotherapy; Criteria for the use of TENS Page(s): 118-119; 114-116.

Decision rationale: The request for interferential stimulator (if unit)/TENS unit combo plus supplies for 1 year is not medically necessary. The injured worker complained of right shoulder pain. It was noted the injured worker's range of motion to her right shoulder demonstrated flexion to 90 degrees, abduction to 40 degrees, internal rotation to 20 degrees, external rotation to 45 degrees, extension to 40 degrees, and adduction to 30 degrees. It was reported the injured worker had a positive Hawkins and Neer's test to her right shoulder. The CA MTUS guidelines do not recommend Interferential Current Stimulation (ICS) 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. The guidelines also state that the ICS has been postulated that Interferential stimulation allows for deeper penetration of tissue, whereas TENS is predominantly a cutaneous or superficial stimulus. Interferential current is proposed to produce less impedance in the tissue and the intensity provided is suggested to be perceived as more comfortable. According to the California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There is a lack of clinical information indicating participation in a home based exercise program or other functional restoration program. It is unclear if the injured worker was unresponsive to medications for her pain. The rationale for an interferential stimulator and TENS unit combination unit is unclear. There is a lack of clinical documentation of chronic intractable pain for at least three months. Moreover, the injured worker was not noted to have previously completed a one month home based trial with unit. Therefore the request is not medically necessary.