

Case Number:	CM14-0033275		
Date Assigned:	06/20/2014	Date of Injury:	05/24/2011
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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 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:

The injured worker is a 47 year old female who reported an injury on 05/24/2011. Mechanism of injury is unknown. The injured worker underwent right shoulder rotator cuff tear on 02/03/2014. The injured worker complained of right shoulder pain 5/10, left shoulder pain 7/10 with radiating pain to the 1-3 fingers after most recent surgery due to increase use since she could not use the right shoulder, neck pain was 7/10, lower back was 7-8/10, bilateral knee pain 6-7/10 with occasional locking of the left knee and occasional abdominal pain 6/10. On physical examination of the left shoulder the injured worker revealed a forward flexion of 165 degrees. Forward flexion of the right shoulder was 90 degrees. Lumbar spine presented some muscle spasms that were painful with range of motion and tenderness to palpation at the bilateral paraspinal musculature. The injured worker has diagnoses of non-trauma complete rupture rotator cuff, cervicgia, lumbago and pain in joint of lower leg. The injured worker has had physical therapy and medication therapy. Medications to include Motrin 800mg 1 tablet 3 times a day. The treatment plan is for an IF (Interferential) Unit, Electrodes, Lead Wires, 9 V Battery for Right Shoulder. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (Interferential) Unit, Electrodes, Lead Wires, 9 V Battery for Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation and TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation)(IF unit) Page(s): 116-117..

Decision rationale: The request for IF (Interferential) Unit, Electrodes, Lead Wires, 9 V Battery for Right Shoulder is not medically necessary. The injured worker complained of right shoulder pain 5/10, left shoulder pain 7/10 with radiating pain to the 1-3 fingers after most recent surgery due to increase use since she could not use the right shoulder, neck pain was 7/10, lower back was 7-8/10, bilateral knee pain 6-7/10 with occasional locking of the left knee and occasional abdominal pain 6/10. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend Interferential Units as a treatment option for acute post-operative pain in the first 30 days post-surgery. IF Units appear to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day period. The guidelines stipulate that IF Units are only recommended during the first 30 days post-surgery. Documentation revealed that the injured worker underwent surgery on 02/03/2014, exceeding the recommended guideline criteria. Efficacy of this type of treatment has been shown to be less effective. There was also a lack of documentation showing the outcome of physical therapy sessions and what objective functional deficits the injured worker may have. Furthermore, there was no documentation showing that the injured worker would not benefit from a home exercise program and some other type of medication. The request for an IF (Interferential) Unit, Electrodes, Lead Wires, 9 V Battery for Right Shoulder is not medically necessary.