

Case Number:	CM14-0034612		
Date Assigned:	06/20/2014	Date of Injury:	10/31/2011
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neurological 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:

The injured worker is a 44-year-old female who was reportedly injured on October 31, 2011. The mechanism of injury is repetitive job activities. The most recent progress note dated February 21, 2014, indicates that there are ongoing complaints of bilateral shoulder pain. The physical examination demonstrated tenderness over the anterior lateral and posterior aspects of the left shoulder as well as the trapezius and rhomboid muscles. There was a positive Neer's test and Hawkins test. There was tenderness at the medial epicondyle of the left elbow as well as the volar and dorsal aspects of the left wrist. Continued physical therapy for the left shoulder was recommended. Senokot, Norco, and Prilosec were prescribed. A request was made for an inferential unit and a pull-up bar and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines the use of an inferential unit is not recommended as an isolated treatment but should be used in addition to other therapies. According to medical records provided the injured employee is still participating in physical therapy and a home exercise program. However such a unit is not recommended for use unless pain is ineffectively controlled due to diminished effectiveness of the medication or if there are problems with medication due to side effects. There is no mention in the attached medical record that they are medication issues of ineffectiveness or side effects. This request for an inferential unit is not medically necessary.

Pull Up Bar (Over The Door): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), durable medical equipment, updated June 5, 2014.

Decision rationale: As with the gym membership the use of a pull-up bar for the purposes of physical therapy should likely be supervised by trained medical personnel. This request for a durable medical equipment (DME) pull up bar is not medically necessary.