

Case Number:	CM14-0037547		
Date Assigned:	06/25/2014	Date of Injury:	10/01/2012
Decision Date:	09/12/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/28/2014

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 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 29 year old female whose date of injury is 10/01/2012. The mechanism of injury is described as repetitive trauma. The injured worker reported injury to the right upper extremity. A note dated 09/30/13 indicates that the injured worker underwent a short course of physical therapy and was provided with a splint. Electrodiagnostic study (EMG/NCV) dated 11/25/13 is a normal study. Agreed medical evaluation dated 01/27/14 indicates that the injured worker is working in a full time capacity. It is noted that six sessions of acupuncture provided transient relief. Diagnoses are mild impingement, right shoulder, with rotator cuff strain, and cervical strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator with supplies, Interferential Stimulator convert to purchase and supplies electrodes, batteries and wipes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided as required by CA MTUS Guidelines. The injured worker has reportedly utilized a Transcutaneous Electrical Nerve Stimulation (TENS) unit; however, the injured worker's objective functional response to this treatment is not documented. There is no indication that the injured worker has completed any recent active treatment or that the injured worker is compliant with a home exercise program. Based on the clinical information provided, the request for interferential stimulator with supplies, interferential stimulator convert to purchase and supplies electrodes, batteries and wipes is not recommended as medically necessary.