

Case Number:	CM14-0037825		
Date Assigned:	06/27/2014	Date of Injury:	10/26/2007
Decision Date:	09/16/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/31/2014

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 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 patient is a 41-year-old male who has submitted a claim for rotator cuff tear of the left shoulder associated with an industrial injury date of 10/26/2007. Medical records from 2013 to 2014 were reviewed and showed that patient is status post arthroscopy of the left shoulder (01/14/2014). Patient still complains of whole arm pain on the left. Physical examination reveals anterior and posterior tenderness to the left shoulder. There is noted decreased strength on the left shoulder as well. Treatment to date has included physical therapy, steroid injections, oral medications and surgery. Utilization review dated 03/14/2014 denied the request for IF unit with supplies for rental/and/or purchase for left shoulder because 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit with supplies for rental/and/or purchase for left shoulder .: Upheld

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

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

Decision rationale: According to California MTUS Chronic Pain Treatment Guidelines, Interferential current stimulation is not recommended 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. In this case, there is no documentation to show that patient is currently undergoing any exercise or is taking any prescribed medications. The guideline clearly states that interferential therapy should not be used as a solitary mode of treatment. Therefore, the request for IF unit with supplies for rental/and/or purchase for left shoulder is not medically necessary.