

Case Number:	CM14-0038313		
Date Assigned:	06/25/2014	Date of Injury:	06/08/2004
Decision Date:	07/28/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/01/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 55 year old who injured his lower back about 10 years ago in June of 2004. He was initially treated with medications and physical therapy but saw no improvement. In 2012, he underwent lower back surgery. It was later determined that his positioning during the surgery injured his left shoulder, which was shown through later imaging studies as well. He has undergone left should arthroscopy with subachromial decompression, rotator cuff debridement, bursectomy, and coracoacromial ligament resection. The employee continues to complain of constant, sharp, and burning pain in the left shoulder at a level of 6-7/10. He has had some relief with a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Interferential unit rental (21 days): 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 TENS Page(s): 114-117.

Decision rationale: The MTUS guidelines do not specifically address a retrospective inferential unit, but it is very similar in many ways to a TENS unit, so those guidelines can be generalized.

For stimulator devices, the MTUS referenced above states that they should not be used as a primary treatment modality, but a one month trial can be used. This employee used a home-based TENS unit, but the medical documentation does not show often the unit was used, as well as outcomes in terms of pain relief and function. Additionally, the request for an inferential unit does not include a treatment plan with specific short and long term goals. Therefore, a retrospective inferential unit is not medically necessary.