

Case Number:	CM14-0045289		
Date Assigned:	06/30/2014	Date of Injury:	04/09/2013
Decision Date:	08/20/2014	UR Denial Date:	03/25/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 49-year-old gentleman was reportedly injured on April 9, 2013. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated March 12, 2014, indicates there are ongoing complaints of right shoulder pain. There was two weeks of relief reported from a previous subacromial steroid injection. The physical examination demonstrated decreased right shoulder range of motion with weakness as well as diffuse tenderness. Diagnostic imaging studies of the right shoulder reported calcific tendinitis and a low grade intrasubstance/bursal surface injury with tendinitis, low grade partial thickness tear of the subscapularis and fraying of the infraspinatus as well as acromioclavicular joint osteoarthritis, glenohumeral joint degenerative changes and evidence of a superior labrum anterior posterior (SLAP) lesion. A request was made for an interferential unit rental with 30 to 60 days of supplies and an interferential unit purchase with supplies and was not certified in the pre-authorization process on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit with supplies, 30-60 days rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the use of an interferential current stimulator is not recommended except in conjunction with treatments designed to return the injured employee to work. Additionally, there must be objective documentation that the injured employees pain is ineffectively controlled by medications and that they are unresponsive to other conservative measures. Without this information, this request for the use of an interferential unit with supplies for 30 to 60 day rental is not medically necessary.

IF unit with supplies, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the use of an interferential current stimulator is not recommended except in conjunction with treatments designed to return the injured employee to work. Additionally there must be objective documentation that the injured employees pain is ineffectively controlled by medications and that they are unresponsive to other conservative measures. Without this information, this request for the use of an inferential unit with supplies for purchase is not medically necessary.