

Case Number:	CM14-0048221		
Date Assigned:	06/20/2014	Date of Injury:	05/03/2010
Decision Date:	07/24/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/18/2014

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 injured worker is a 63 year-old female who was reportedly injured on 5/3/2010. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 1/27/2014, indicated that there were ongoing complaints of left shoulder pain. Diagnostic imaging studies included: X-rays of the left shoulder in 2011, MRI of the left shoulder 2012, magnetic resonance imaging of the cervical spine 2012. They were mentioned, but radiological reports are not available for review. Previous treatment included injections, acupuncture, medications to include Tramadol, Ultracet, Vicodin, and Norco and physical therapy. A request had been made for interface unit for purchase and was not certified in the pre-authorization process on 3/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of an interferential stimulation unit only in conjunction with a functional restoration program when the guideline criteria are met. When guideline criteria are met, a one-month trial is required prior to the purchase of an interface unit. The medical record provided insufficient clinical data to support this request, as there was no evidence that a trial has been provided with documentation of the appropriate response of the trial. Therefore, this request for purchase of an interferential stimulation unit is deemed not medically necessary.