

Case Number:	CM14-0054220		
Date Assigned:	07/07/2014	Date of Injury:	06/07/2013
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 7, 2013. Thus far, the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with a labral tear; labral repair surgery in October 2013; and extensive periods of time off of work. In a Utilization Review Report dated April 2, 2014, the claims administrator denied a request for an interferential unit, citing Official Disability Guidelines (ODG). In a March 19, 2014 progress note, the applicant reported 6/10 shoulder pain, exacerbated by certain types of motion. The applicant had radiographic evidence of arthritis with residual stiffness in motion noted about the shoulder. The applicant was in physical therapy which was reportedly helping. Authorization for an interferential unit rental was sought for 30 to 60 days. The attending provider also sought conditional approval for a purchase of the device if the 60 day trial was successful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental interferential unit x days QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

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

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is recommended on a one-month trial basis in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, applicants who have a history of substance abuse which would prevent provision of analgesic medications, and/or applicants who have significant postoperative pain which prevents participation in physical therapy. In this case, however, the applicant is reportedly participating in physical therapy with reportedly good effect. There was no mention or discussion of medication efficacy or medication intolerance incorporated into the progress note in question. It is further noted that the 60-day rental being sought by the attending provider does, in fact, represent treatment in excess of the one-month trial suggested on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines for those applicants who do qualify for a trial of the same. For all of the stated reasons, then, the request is not medically necessary.

Purchase of IF unit if trial effective QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

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

Decision rationale: Conditional certifications are not permissible through the Independent Medical Review process. It is further noted that the primary request for an interferential current stimulator trial has been deemed not medically necessary, in response #1. Therefore, the companion request for a purchase of the device if said trial was effective is likewise not medically necessary.