

Case Number:	CM14-0056849		
Date Assigned:	07/11/2014	Date of Injury:	08/29/2010
Decision Date:	10/09/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 & 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 51-year-old gentleman who was reportedly injured on August 29, 2010. The mechanism of injury is noted as a slip and fall. The most recent progress note dated March 27, 2014, indicated that there were ongoing complaints of neck pain and right shoulder pain. The physical examination demonstrated tenderness and spasms over the upper trapezius muscles. There was decreased sensation at the right C6 dermatome. Examination of the right shoulder revealed a positive Hawkins test and Yergason's test. Diagnostic imaging studies of the cervical spine revealed a disc herniation from C3 to C6. Previous treatment included right shoulder surgery and physical therapy. A request was made for the use of an inferential unit and 18 pairs of electrodes and was not certified in the pre-authorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit(purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the use of an inferential unit is only indicated if pain is ineffectively controlled due to diminished effectiveness of medications or their side effects, and if the injured employee is unresponsive to other conservative measures. The attached medical record does not indicate that there is any ineffectiveness of medications or those other conservative methods have been tried and failed. Furthermore, there is no documentation of a successful one-month trial of this device. For these reasons, this request for an inferential unit for purchase is not medically necessary.

Electrodes 18 pairs (purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009) Pages 118-120 of 127 Page(s): 118-120.

Decision rationale: Since the primary service is not medically necessary, none of the associated services are medically necessary.