

Case Number:	CM14-0064158		
Date Assigned:	07/11/2014	Date of Injury:	01/07/2014
Decision Date:	09/12/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 51-year-old female with a 1/7/14 date of injury. She injured her right arm when opening a dry storage room door. The door was stuck and hard to open. According to a progress report dated 4/2/14, the patient stated that she was having soreness to the shoulder. The soreness was worsened when she went to lift a box which she believed to be empty. The box began to fall jerking her back. Objective findings: upper arm tenderness, numbness with tingling and weakness to the left shoulder, pain rated as a 7 on a pain scale of 0-10, x-rays of the left shoulder and left humerus show instability. Diagnostic impression: impingement syndrome, rotator cuff tear. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 4/2/14 denied the requests for interferential unit rental for 60 days and interterential unit purchase with supplies. There is no documentation of derived functional improvement from any previous use not from electrical stimulation under the supervision of a licensed physical therapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 60 day Interferential unit rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment,/ Disability Duration Guidelines, Shoulder (Acute & Chronic).

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. In the reports provided for review, there is no documentation that the patient's medications have been effective. In addition, there is no documentation of physical therapy outcomes and that physical therapy has been ineffective. Furthermore, guidelines only support a one-month trial of interferential unit rental, and this request is for a 60-day rental. Therefore, the request for A 60 day interferential unit rental was not medically necessary.

Interferential unit purchase with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment,/ Disability Duration Guidelines, Shoulder (Acute & Chronic).

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. In the reports provided for review, there is no documentation that the patient's medications have been effective. In addition, there is no documentation of physical therapy outcomes and that physical therapy has been ineffective. Furthermore, guidelines do not support the purchase of an interferential unit purchase when the request for a trial of an interferential unit has not been approved. Therefore, the request for Interferential unit purchase with supplies was not medically necessary.