MAXIMUS Federal Services

Case Number:	CM14-0070251		
Date Assigned:	07/16/2014	Date of Injury:	08/30/2013
Decision Date:	12/03/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/15/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 woman with a work related injury dated 8/30/13 resulting in chronic pain. The diagnosis includes shoulder strain, hip strain, and ligament strain. The primary treating physician evaluated the patient on 4/2/14. The patient complained of right shoulder pain with weakness and decreased range of motion. The plan of treatment included chiropractic therapy, acupuncture and an interferential unit. Under consideration is the use of Interspec IF II (interferential therapy) with electronic stimulator supplies which were denied during utilization review dated 5/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electronic Stimulator Supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Second Edition Occupational Medicine Practice Guidelines; Reed Group/ The Medical Disability Advisor, and official Disability Guidelines/ Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition)- Disability Duration Guidelines (Official Disability Guidelines 9th Edition)/ Work Loss Data Institute

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: According to the MTUS guidelines, electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. Interferential Current Stimulation (ICS) not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. In this case the use of Interferential Current Stimulation is not necessary due to the lack of evidence of its effectiveness and therefore the use of electronic stimulator supplies is not medically necessary.

Interspec IF II: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Second Edition Occupational Medicine Practice Guidelines; Reed Group/ The Medical Disability Advisor, and official Disability Guidelines/ Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition)- Disability Duration Guidelines (Official Disability Guidelines 9th Edition)/ Work Loss Data Institute

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