MAXIMUS Federal Services

Case Number:	CM14-0075261		
Date Assigned:	07/18/2014	Date of Injury:	10/19/2012
Decision Date:	09/24/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/23/2014

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 Texas. 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 53 year old female who was injured at work on 10/19/2012. She compains of 7/10 pain in her right shoulder together with limitaton of shoulder range of motion. In addition, she has neck pain that radiates to the upper arms; also she complained of lower back pain that radiates to the lower limbs.The phsical examination revealed limited range of motion of the right shoulder, right shoulder weakness, tenderness at the anterior and posterior surfaces of the shoulder; limited range of motions at the cervical and lumbar spines, as well as paravetebral tenderness in these areas. There was decreased sensation in the C6, C7; L5, S1 dermatomal areas. She has been diagnosed of right shoulder tendinitis/ Bursitis; Cervical Radiculopathy; Lumbosacral radicuolopathy. The MRI of the right shoulder revealed full thickness rotator cuff tear. She was treated surgically with arthroscopic surgery on 06/ 17/2014 followed by physical therapy and medications. By 01/2014, she was being treated with Cyclobenzaprine, Dyotin SR 250; Flurbitac 10/100, Theraflex cream, kertatex gel, vicosetron 100/300/2 , Narcotic analgesic/Midazolam/ Melatonin 10/3mg, heat and Ice; and TENS unit , but she was not doing physical therapy. At dispute is the request for IF unit, which was requested before she had the second surgery in 06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter on Shoulder Official Disability Guidelines: Chapter on Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118. Decision based on Non-MTUS Citation (ODG) (PAIN(Chronic), Interferential current stimulation (ICS)).

Decision rationale: The injured worker sustained a work related injury on 10/19/2012. The medical records provided indicate the diagnosis of right shoulder tendinitis/ Bursitis; Cervical Radiculopathy; Lumbosacral radicuolopathy Treatments have included surgery medications, and TENs unit. The medical records provided for review do not indicate a medical necessity for IF unit. The requested treatment is ambiguous because of the abbreviation, but since the internet search point to Interferential Current Stimulation one would assume this is the requested treatment. Both the MTUS and the ODG do not recommend it as an isolated intervention, without combining it with exercise, return to work, and medications. The record reviewed stated the injured worker was not doing physical therapy, but there was no explanation on why she was not doing physical therapy or exercise, whether it was the pain that limited her from doing that or whether it is due to lack of motivation. Therefore, the requested treatment is not medically necessary.