

Case Number:	CM14-0077917		
Date Assigned:	07/18/2014	Date of Injury:	10/21/2005
Decision Date:	10/08/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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 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 injured worker is a 48-year-old female who reported an injury on 10/21/2005 due to an unknown mechanism. Diagnoses were orthopedic left upper extremity injury on the job, intermittent labile hypertension, and iron deficiency anemia. Past treatments were medications and physical therapy. Diagnostic studies were an MRI arthrogram and an MRI of the left shoulder. MRI was dated 04/22/2013 and it revealed an inferior surface partial tear of the distal anterior supraspinatus tendon, small degenerative change of the greater tuberosity was noted. Surgical history was left shoulder surgery. There were no subjective complaints reported. Physical examination revealed heart tones were consistent with the injured worker's blood pressure. Medications were lisinopril 10 mg. Treatment plan was not reported. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Interferential Unit Extension for purchase for DOS 12/27/2013-01/26/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 03/13/2014), Interferential current stimulation (ICS): ODG Pain (updated 04/10/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES, Interferential Current Stimulation, Galvanic Stimulation, Page(s): 121, 118, 117.

Decision rationale: The decision for retrospective review of interferential unit extension for purchase for date of service 12/27/2013 to 01/26/2014 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. They do not recommend interferential current stimulation (ICS) as an isolated intervention and galvanic stimulation is considered investigational for all indications. It is characterized by high voltage, pulse stimulation, and is used primarily for local edema reduction through muscle pumping and polarity effects and is not recommended. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Retrospective review for Power Pack for purchase #12 for DOS 12/27/2013-01/26/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Retrospective review for Electrodes Packs for purchase #4 for DOS 1/27/2013-01/26/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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