

Case Number:	CM14-0086036		
Date Assigned:	07/23/2014	Date of Injury:	05/02/2012
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 Medicine and is licensed to practice in Florida. 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 58-year-old male who reported injury on 05/02/2012. The mechanism of injury was a box fell on the injured worker's shoulder. The prior treatments were noted to include physical therapy, acupuncture, and medications, however, the specific medications were not provided. The surgical history and diagnostic studies were not provided. The documentation of 03/26/2014 revealed the injured worker had occasional right shoulder pain. The injured worker had complaints of on and off low back pain rated moderate to occasionally severe. The injured worker noted radiation of the pain to the right groin with occasional numbness and tingling sensation. The pain was noted to increase with prolonged sitting and decreased with rest. The documentation indicated the injured worker had therapy and acupuncture which helped decrease his pain and he was not able to attend therapy sessions due to his work schedule. The documentation indicated the injured worker had not seen the orthopedic surgeon, and the pain management specialist had not started with shockwave therapy. The physical examination revealed the injured worker had tenderness to palpation with spasms of the right paraspinal muscles and tenderness to palpation of the right sacroiliac. The injured worker had a positive sitting root test. The sensation was intact to the bilateral lower extremities. The reflexes for patellar L4 and Achilles S1 were 2+ bilaterally. The injured worker had tenderness to palpation of the right shoulder. There were spasms of the right upper trapezius muscle and tenderness to palpation of the glenohumeral joint and the AC joints. The injured worker had a positive impingement, apprehension sign and empty can test. The diagnoses included lumbar spine sprain/strain with radiculopathy, lumbar spine disc desiccation, and hemangioma, right shoulder sprain/strain, impingement, osteoarthritis, tendinosis, labral tear and effusion as well as myospasms and gastritis. The treatment included a functional restoration program 1 time a week for 6 weeks, continue acupuncture therapy, a re-request for extracorporeal shock wave therapy, a

TENS unit and a hot and cold pack wrap or thermal combo unit. The Request for Authorization revealed a request for purchase of an interferential stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit with Electrodes (four/pack), Batteries, Set Up, and Delivery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118, 120.

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

Decision rationale: The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. The clinical documentation submitted for review failed to provide documentation the injured worker had approval for adjunctive therapies. There was a lack of documentation indicating a necessity for a purchase without rental and trial. If the unit had been trialed, there was a lack of documentation of objective functional benefit that was received. The request as submitted failed to indicate whether the request was for purchase or trial. Given the above, the request for interferential unit with electrodes 4/pack, batteries, set up and delivery is not medically necessary.