

Case Number:	CM14-0086219		
Date Assigned:	07/23/2014	Date of Injury:	05/11/2010
Decision Date:	08/28/2014	UR Denial Date:	05/19/2014
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 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:

The patient is a 55-year-old female who has submitted a claim for left shoulder sprain/strain rule out rotator cuff, shoulder tendinosis, shoulder impingement, shoulder effusion, and shoulder tenosynovitis associated with an industrial injury date of 05/11/2010. Medical records from 04/14/2011 to 05/25/2014 were reviewed and showed that patient complained of left shoulder pain (grade not specified) aggravated with lifting, reaching and pulling. Physical examination of the left shoulder revealed no deformity, spasm or swelling. Tenderness over the AC joint was noted. Shoulder ROM was decreased. Stability tests were negative. Neer's, Hawkins, and Jobe tests were positive. Anterior and posterior AC joint test was positive. MMT was 5/5 except for scapular abduction and external rotation (4/5). MRI of the left shoulder dated 02/24/2011 revealed glenoid labrum suspicious for tear, mild glenohumeral joint effusion, bicipital tenosynovitis, and supraspinatus with singing and evidence of tenderness. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, and pain medications such as Naprosyn. Utilization review dated 05/19/2014 denied the request for interferential stimulator because interferential current stimulation would not be considered reasonable or appropriate for management of postoperative pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF UNIT X 1 MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, Interferential Current Stimulation (ICS) is 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. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. In this case, recent medical records did not report active participation in HEP by the patient. The guidelines do not recommend ICS as solitary mode of treatment. The request likewise failed to specify the body part to be treated. The medical necessity for ICS has not been established. Therefore, the request for IF UNIT X 1 MONTH is not medically necessary.