

Case Number:	CM14-0088678		
Date Assigned:	07/25/2014	Date of Injury:	08/04/2008
Decision Date:	09/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/12/2014

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 Emergency Medicine 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 49 year-old female, who sustained an injury on August 4, 2008. The mechanism of injury is not noted. Diagnostics have included EMG from 2010 reported as showing mild to moderate carpal tunnel syndrome; January 28, 2014 right wrist x-rays reported as showing healed distal radius fracture with minimal osteoarthritic changes. Treatments have included: medications, TENS unit. The current diagnoses are bilateral shoulder impingement, cervical radiculopathy, s/p right distal radius fracture. The stated purpose of the request for Interferential Unit was not noted. The request for Interferential Unit was denied on May 14, 2014, citing a lack of documentation of any recent treatment other than medication, including no documentation of an overall treatment program with exercises. Per the report dated January 28, 2014, the treating physician noted complaints of pain to the right wrist and right shoulder and neck. Exam findings included cervical spasm with decreased range of motion, decreased right C6-7 sensation, tenderness to palpation at the cervicotrapezial ridge, facet tenderness, positive bilateral shoulder impingement tests with painful range of motion and AC joint tenderness, decreased right grip strength and right wrist tenderness to palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Interferential (IF) Purchase with 2 Months Unit Supplies (Electrodes, Batteries, Lead Wires) for the Cervical Spine and Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment 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... There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has pain to the right wrist and right shoulder and neck. The treating physician has documented cervical spasm with decreased range of motion, decreased right C6-7 sensation, tenderness to palpation at the cervicotrachezial ridge, facet tenderness, positive bilateral shoulder impingement tests with painful range of motion and AC joint tenderness, decreased right grip strength and right wrist tenderness to palpation. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, the Prime Interferential (IF) Purchase with 2 Months Unit Supplies (Electrodes, Batteries, Lead Wires) is not medically necessary.