

Case Number:	CM14-0095061		
Date Assigned:	07/25/2014	Date of Injury:	03/15/2013
Decision Date:	10/31/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 is a 31 year old woman whose reported date of industrial injury is 3/15/2013. She was seen last in May 2014 by her orthopedic surgery. It was noted that she was status post-surgery of the left shoulder with arthroscopy that didn't show a rotator cuff tear. She also had pain in the cervical spine with radiation into the right upper extremity. She had a medico-legal evaluation in February 2014 wherein a cervical MRI and EMG/NCS was recommended. The patient has had treatment with Norco, which was due to be stopped in May 2014. She had been given anti-inflammatory treatment during and after her surgery as well as PT afterwards. The current request is for an interferential unit. The patient's current symptoms include limited range of motion of the left shoulder with limited range of motion up to 90 degrees only in abduction and 70 degrees in flexion. The incisions were noted to be well healed. The plan was to use interferential therapy and interferential therapy as an adjunct to the physical medicine treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electro-stimulation Page(s): 120.

Decision rationale: The application of transcutaneous electro stimulation and interferential current treatment are not supported by high quality evidence. Guidelines recommend using these therapies when first line therapies including heat / ice, medications including anti-inflammatories and physical medicine treatments fail to reduce pain. Initially, only a trial of therapy is recommended. As such, the current request for purchase of a unit in the absence of evidence of failure of mainstream treatments is not medically necessary.

Electrodes (18 pairs) for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inteferential Current stimulation Page(s): 120.

Decision rationale: Since the interferential current stimulation is not recommended as medically necessary, the electrodes are also not medically necessary.