

Case Number:	CM13-0061254		
Date Assigned:	12/30/2013	Date of Injury:	09/17/2012
Decision Date:	01/07/2015	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/04/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 48-year-old woman sustained a work-related injury on September 17, 2012. Subsequently, she developed chronic right shoulder, elbow, and hand pain. According to the progress report dated October 10, 2013, the patient complained of right shoulder pain with weakness. She also complained of right elbow pain and weakness, associated with repetitive movement. The patient complained of burning right wrist pain and numbness of right hand and fingers as well. Objective findings included right shoulder +3 tenderness to palpation of the acromioclavicular joint, anterior shoulder and supraspinatus. Neer's was positive on the right. Motor 4/5 right supraspinatus. Right elbow +3 tenderness to palpation of the lateral elbow. Cozen's was positive on the right. Right wrist +3 tenderness to palpation of the dorsal wrist. Phalen's was positive on the right. The patient was diagnosed with right shoulder impingement syndrome, right shoulder sprain/strain, right elbow sprain/strain, right lateral epicondylitis, right carpal tunnel syndrome, and right wrist sprain/strain. The provider requested authorization for PURCHASE OF AN INTERSPEC INTERFERENTIAL (IF) II UNIT WITH MONTHLY SUPPLIES.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF AN INTERSPEC INTERFERENTIAL (IF) II UNIT WITH MONTHLY SUPPLIES: 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 Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, Interferential unit is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no justification for Interferential unit if there is no documentation of the efficacy of one month trial. Therefore, the PURCHASE OF AN INTERSPEC INTERFERENTIAL (IF) II UNIT WITH MONTHLY SUPPLIES is not medically necessary.