

Case Number:	CM14-0147479		
Date Assigned:	09/15/2014	Date of Injury:	05/02/2012
Decision Date:	01/15/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/10/2014

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 Occupational 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:

This patient is a 38 y/o female who has developed chronic cervical and shoulder pain subsequent to an injury dated 5/2/12. She is reported to have a radicular component to her neck pain, but electrodiagnostic were negative for discernible nerve dysfunction. MRI studies of the shoulder are reported to show a labrum tear, she has declined surgery. She has been treated with Chiropractic, Acupuncture and Oral Analgesics. There is a note that electric stim was tried in therapy and it was beneficial. No other details are provided i.e. there is no documentation of the level of pain relief, length of pain relief, or impact on functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Interferential Unit and electrodes for cervical and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116, 119 and 20.

Decision rationale: MTUS Guidelines discourage the use of Interferential therapy, however if there is good evidence of temporary benefit when applied by a medical professional a 30 day home trial may be attempted. The Guidelines support renting a stimulation unit during the trial

period and not purchasing one. The request to purchase the inferential stimulation unit and electrodes is not consistent with Guidelines and is not medically necessary.