

Case Number:	CM14-0167090		
Date Assigned:	11/17/2014	Date of Injury:	09/01/2010
Decision Date:	01/05/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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 is a 59-year-old female with a 9/1/10 date of injury, due to cumulative trauma. The patient was seen on 10/10/14 with complaints of pain in the right shoulder and cervical spine. Exam findings revealed tenderness and spasm over the right elbow, positive right Tinel's sign and decreased sensation in the right upper extremity. The patient has been noted to be on Motrin. The remaining of the progress report was handwritten and somewhat illegible. The diagnosis is cervical sprain/strain, shoulder periscapular strain and carpal tunnel syndrome. Treatment to date: work restrictions, acupuncture, PT, steroid injection to the shoulder and medications. An adverse determination was received on 9/11/14 for a lack of documentation that the patient failed first-line treatments and that notes indicated that the patient had IF unit treatment in her PT sessions, however functional improvement was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Interferential Stimulator (1-2 month rental and purchase if effective): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

Decision rationale: CA MTUS state that a one-month trial may be appropriate when 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. However, there is a lack of documentation indicating that the patient's pain was ineffectively controlled. The rating of the patient's pain was not documented on the VAS scale. In addition, it is not clear what kind of conservative treatment the patient tried. Lastly, the reviewer's notes stated that the patient was treated with the IF unit during her PT sessions, however the PT progress notes were not available for the review and it is not clear if the patient benefited from the IF unit treatment. Therefore, the request for DME: Interferential Stimulator (1-2 month rental and purchase if effective) was not medically necessary.