

Case Number:	CM14-0185362		
Date Assigned:	11/13/2014	Date of Injury:	04/14/2010
Decision Date:	01/02/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/06/2014

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 and Rehabilitation 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 patient is a 43-year old male with date of injury 4/14/10. The physician report dated 10/9/14 indicates that the patient presents with pain affecting his neck, left shoulder weakness and pain of the left elbow, and significant mid and low back pain. The physical examination findings reveal marked tenderness along the trapezius muscle bilaterally with spasm, marked tenderness about the shoulder with spasm along with significantly limited range of motion. L elbow tenderness over the medial and lateral epicondyles, decreased sensation in the ring and little fingers of the left hand. Additionally, palpation of the lumbar spine reveals tenderness. Prior treatment history includes fusion surgery to his lumbar spine and arthroscopic surgery to his left shoulder. MRI findings reveal there is "still quite a bit of inflammation around the incision site in the soft tissue. There are ongoing nerves in the right lower extremity. There are arthritic changes of the facet joints at the L4-5 and L3-4. There is some triangulation of the central canal at the L4-5. The current diagnoses are: 1. Disc herniation of the cervical spine at the C5-6 level2. Impingement syndrome of the left shoulder with residual adhesive capsulitis, status post arthroscopic surgery3. Medial epicondylitis of the left elbow with possible cubital tunnel syndrome4. Lumbar spine disc herniation at the L5-S1 level, status post fusion at the L5-S1 levelThe utilization review report dated 10/9/14 denied the request for Interferential Unit - 1-2 months rental; Supplies - Purchase; for Neck and Left Shoulder based upon MTUS Chronic Pain Treatment Guidelines, Interferential Current Stimulation (ICS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit - 1-2 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

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

Decision rationale: The MTUS Guidelines state that Interferential (IF) current stimulation is not recommended as an isolated intervention. However, the MTUS listed patient selection criteria include post-operative pain. MTUS states that if criteria were met, then a one-month trial would be appropriate. MTUS goes further to state that use of the IF unit would be appropriate under the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: - 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.). If the criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement; less reported pain and evidence of medication reduction. In this case, while the use of an IF unit may be appropriate for this patient (given the patient's surgical history) the MTUS recommends trying the unit for one-month before a home unit is provided. Given that the request for the IF unit is for a period of 1-2 months rental without first having demonstrated a historical one-month trial, the request is not medically necessary.

Supplies - purchase for neck and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

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

Decision rationale: The patient presents with pain affecting his neck, left shoulder, weakness and pain of the left elbow, and significant mid and low back pain. The current request is for Supplies - Purchase for the neck and left shoulder; the physician report dated 10/9/14 states, "this patient requires some gentle therapy to help him regain flexibility and strength. He also requires a TENS unit to decrease inflammation". The Medical Necessity Addendum for Interferential Stimulator or Request for Authorization dated 9/18/14 states a request for a "1 month rental" with an "additional 3 months rental if effective." Thus, there is a discrepancy in the physician request versus the UR non-certification and subsequent IMR. Given that the request for the IF unit is for a period of 1-2 months rental is not medically necessary. The request for the Supplies is also not medically necessary.

