

Case Number:	CM14-0206633		
Date Assigned:	12/18/2014	Date of Injury:	07/14/2014
Decision Date:	02/06/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice, 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:

56-year-old male claimant who sustained a work injury on July 14, 2014 involving the shoulders and the back. He was diagnosed with thoracic strain. He had undergone acupuncture sessions. He had used oral analgesics and muscle relaxers. Progress note on September 3, 2014 indicated the claimant had persistent 7/10 thoracic pain. There was tenderness in the thoracolumbar spine and paravertebral musculature. There was no restriction in range of motion of the back. An MRI performed of the left shoulder in November 2014 showing a full thickness tear of the supraspinatus tendon. In December 2014 a request was made to use an interferential unit for the thoracic spine and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit thoracic spine and bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential unit Page(s): 118.

Decision rationale: According to the guidelines and interferential unit is not recommended as an isolated intervention. Interferential therapy in combination with work, exercise and medication

has limited evidence. The evidence for use in back pain is either negative or undetermined. In frozen shoulder patients it is effective with shoulder exercises. In this case, there is no mention of a frozen shoulder or adhesive capsulitis. The evidence is weak for the low back. In addition, the length of use was not specified. The requested IF unit is not medically necessary.