MAXIMUS Federal Services

Case Number:	CM14-0209460		
Date Assigned:	12/22/2014	Date of Injury:	02/11/2014
Decision Date:	02/18/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 57-year-old activities assistant who sustained an industrial injury on February 11, 2014 at which time her chair fell backwards causing her to strike her head on a cabinet and hit her left shoulder on the ground as she fell. The fall resulted in bleeding from her head and onset of pain in her head, neck, left shoulder and left elbow. Treatment to date has consisted of medications, stiches, and physical therapy. The patient presented to the current physician on September 24, 2014 at which time she complained of headaches, neck pain, left shoulder pain, left elbow pain, depression and anxiety. Physical examination revealed cervical tenderness and spasm, decreased range of motion, and positive compression test. Left shoulder examination revealed tenderness and positive Neer/Yeargason's test. Left elbow examination revealed tenderness and positive Cozen's. Left shoulder strength was decreased at 4/5. Sensation was decreased in the left anterolateral shoulder and arm. The patient was diagnosed with head pain, cervical musculoligamentous sprain strain with radiculitis rule out cervical spine discogenic disease, left shoulder sprain strain, left shoulder tendinosis rule out left shoulder impingement syndrome and rule out left shoulder rotator cuff tear, left elbow sprain strain, left elbow lateral epicondylitis, and situational depression . She was prescribed Fluriflex 180 gram, TGHOT 180 gram, cyclobenzaprine 7.5 mg #60, Motrin 400 mg #60, left elbow sleeve and interferential unit and hot and cold unit.,. Request was also made for left shoulder magnetic resonance imaging, extracorporeal shockwave therapy for the left elbow, electrodiagnostic studies of the bilateral upper extremities, neurologist consultation and functional capacity evaluation. Urine drug toxicology was administered. Request was also made for physical therapy for the cervical spine,

left shoulder, and left elbow 26. Utilization review was performed on November 30, 2014 at which time the request for interferential current was noncertified. MTUS guidelines were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an interferential unit and supplies for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the California MUTS guidelines, interferential may be trialed for one month if pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or there is history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or the patient is unresponsive to conservative measures .The guidelines do not recommend interferential stimulation as an isolated intervention. In this case, there is no indication that the patient's pain is ineffectively controlled due to diminished effectiveness of medication. There is no indication that the patient has significant side effects from medication or a history of substance abuse. The records do not establish that the patient has been unresponsive to other conservative measures. The request for purchase of an Interferential unit and supplies for the cervical spine is not medically necessary.