

Case Number:	CM14-0044780		
Date Assigned:	06/23/2014	Date of Injury:	03/23/2013
Decision Date:	01/06/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/20/2014

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 57-year-old female with a 3/23/13 date of injury, when she was putting up a box of diapers on a shelf and noticed snapping sensation in the left shoulder. The patient was seen on 3/4/14 with complaints of left shoulder pain and neck pain with radiation into the left upper extremity and hands. Exam findings revealed pain, swelling and myospasms in the left upper extremity, positive shoulder depression test bilaterally and positive bilateral compression test with radiation into the left upper extremity. The reflexes in the bilateral upper extremities were 2+, the sensation was equal and the strength was 5/5 in all muscle groups. The Neer's, Hawkin's and impingement tests were positive on the left. The diagnosis is cervical sprain/strain, shoulder sprain/strain, rotator cuff syndrome, supraspinatus syndrome and tenosynovitis. Treatment to date: work restrictions, physical therapy (PT), chiropractic treatments, acupuncture, corticosteroid injections and medications

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF II with monthly supplies for the neck and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Therapy Page(s): 128.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 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 no indication indicating the patient's pain on the VAS scale with and without medications and that the patient's pain was poorly controlled. In addition, there is no rationale with regards to the necessity for an Interferential Therapy for the patient. Therefore, the request for Interspec IF II with monthly supplies for the neck and left shoulder was not medically necessary.