

Case Number:	CM14-0075091		
Date Assigned:	07/16/2014	Date of Injury:	04/24/2008
Decision Date:	03/24/2015	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/22/2014

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 55-year-old female, with a reported date of injury of 04/24/2008. The diagnoses include shoulder osteoarthritis, and shoulder joint pain. The progress report dated 03/12/2014 indicates that the injured worker stated that she had been feeling better, but continued to have throbbing pain in her left shoulder that increased at night. The objective findings include anterior tenderness and loss of strength to the internal and external rotation of the left shoulder. The treating physician requested additional physical therapy, an interferential unit for 30-60 day rental and purchase if effective for long-term care with supplies as needed to manage pain and reduce medication usage. Chronic pain medications including opioids are re prescribed and the IW is to be off work. On 05/06/2014, Utilization Review (UR) denied the request for an interferential (IF) unit and supplies, 30 to 60 day rental, noting that the guidelines do not support interferential (IF). The ACOEM Guidelines and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit and supplies for a 30-60 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines: ICS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119-120.

Decision rationale: According to MTUS review of the literature in establishing the guidelines, it is stated that ICS, "is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretible for recommendation due to poor study design and/or methodologic issues." The guidelines also state that it should only be considered if: " 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". In this particular patient according to the records reviewed the IW is able to perform an exercise program and is responsive to conservative measures. Consequently the records indicate that the guideline criteria for appropriate and necessary treatment are not met.