

Case Number:	CM15-0001011		
Date Assigned:	01/12/2015	Date of Injury:	02/01/2007
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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: Orthopedic Surgery

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 male, who sustained an industrial injury on February 1, 2007. The diagnoses have included status post left shoulder surgery, pre-Achilles bursitis, Achilles tendonitis bilateral foot sprain/strain, and plantar fasciitis rule out spur. Treatment to date has included left shoulder rotator cuff repair in May of 2014, physical therapy, cortisone injections and medications. Currently, the IW complains of right shoulder symptomology. The Primary Treating Physician's report dated December 2, 2014, noted the shoulder with tenderness to palpation in the subacromial area of the right shoulder with a positive impingement sign, and weakness to resistance to forward flexion and abduction. The Physician noted the treatment plan to include operative intervention for the right shoulder. On December 19, 2014, Utilization Review non-certified a post-operative Interferential Unit, noting the records available did not give a rationale for a post-operative Interferential Unit purchase versus the standard post-operative pain control measures and physical therapy. The Official Disability Guidelines (ODG), Shoulder Chapter, was cited. On January 5, 2015, the injured worker submitted an application for IMR for review of a post-operative Interferential Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postop Interferential Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, IF section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118-119.

Decision rationale: Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, pages 118-119 state, "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. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." As there is insufficient medical evidence regarding use from the exam note of 12/2/14, the determination is for non-certification.