

Case Number:	CM15-0003433		
Date Assigned:	01/14/2015	Date of Injury:	10/31/2014
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/07/2015

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: Arizona, 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 injured worker is a 62 year old male, who sustained an industrial injury on 10/31/14 after forcefully pulling bundles of papers and hearing a pop in neck and shoulder. He has reported neck and shoulder injuries. The diagnoses have included strain right rotator cuff, right shoulder tendinitis, and right shoulder impingement syndrome, cervical muskuloligamentous strain, and sprain with radiculitis. Treatment to date has included medications, diagnostics, hot and cold packs and arm sling. Currently, the injured worker complains of neck and right upper extremity pain. Physical exam of the cervical spine revealed tenderness and spasm of bilateral muscles, occipital muscles, suboccipital muscles, bilateral trapezius muscles, and levator scapulae muscles. There was decreased range of motion noted. The right shoulder exam revealed tenderness biceps tendon groove, deltoid muscles, rotator cuff muscles and acromion process. There was decreased range of motion and positive Noor, Codman's and supraspinous tests. There was also decreased deep tendon reflex bilateral biceps, triceps and brachioradialis. On 12/16/14 Utilization Review modified a request for hot unit and cold unit modified to hot unit and cold unit for 7 day trial , noting that based on the clinical evidence submitted and evidenced based guidelines it is medically necessary and recommend to treat the acute symptoms for 7 day trial. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/16/14 Utilization Review non-certified a request for Interferential Unit, noting that based on the clinical evidence submitted and evidenced based guidelines the use of the Interferential Unit is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 11/21/14)

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

Decision rationale: According to the guidelines, an ICS unit 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. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. Based on the guidelines, and the claimant's history of muscle/soft tissue injury, there is limited support for the use of ICS and it is not medically necessary.

Hot Unit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation forearm pain and heat therapy

Decision rationale: According to the guidelines, heat therapy is recommended a few days after cold therapy for acute complaints/injury. In this case, the claimant had acutely injured his neck and upper extremities. The use of cold and heat units is necessary and appropriate in the acute phase of injury.

Cold Unit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14) Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm pain and cold therapy unit

Decision rationale: According to the guidelines, heat therapy is recommended a few days after cold therapy for acute complaints/injury. In this case, the claimant had acutely injured his neck and upper extremities. The use of cold and heat units is necessary and appropriate in the acute phase of injury.

