

Case Number:	CM15-0100585		
Date Assigned:	06/03/2015	Date of Injury:	06/15/2014
Decision Date:	07/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/26/2015

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: Physical Medicine & Rehabilitation

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 56 year old female, who sustained an industrial injury on 06/15/2014. She reported injuring her right shoulder while carrying equipment and was diagnosed with a right shoulder sprain. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having right shoulder rotator cuff strain, fluid filled intrasubstance tear of the right supraspinatus tendon, and calcification above the right greater tuberosity. Treatment and diagnostics to date has included right shoulder MRI which showed a fluid filled intrasubstance tear of the supraspinatus tendon, 15 physical therapy sessions with little to no relief, cortisone injection to the right shoulder with no relief, and medications. In a progress note dated 03/06/2015, the injured worker presented with complaints of neck, back, and right shoulder pain. Objective findings include right shoulder tenderness and weakness with positive impingement test. The treating physician reported requesting authorization for a postoperative interferential machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative interferential machine [Pro-Tech Multi-Stim] for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Units Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant the multi-stim unit postoperatively for this chronic injury. The Post-operative interferential machine [Pro-Tech Multi-Stim] for right shoulder is not medically necessary and appropriate.