

Case Number:	CM15-0104149		
Date Assigned:	06/08/2015	Date of Injury:	01/27/2014
Decision Date:	08/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/01/2015

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 27-year-old male, who sustained an industrial injury on January 27, 2014, incurring right shoulder injuries. Magnetic Resonance Imaging of the right shoulder revealed a high-grade partial rotator cuff tear and fluid in the bursa. He was diagnosed with right shoulder impingement syndrome, rotator cuff tear and distal clavicle arthrosis. He underwent a diagnostic arthroscopy, debridement, and resection of the right shoulder in March 2015. Other treatment included physical therapy, cortisone injections, transcutaneous electrical stimulation unit, anti-inflammatory drugs, pain medications and activity modifications. Currently, the injured worker complained of residual right shoulder pain. He noted weakness and limited range of motion of the right shoulder. The treatment plan that was requested for authorization included a purchase of transcutaneous electrical stimulation unit and supplies and a purchase of interferential electro-stimulator unit for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Electro - Stim Unit, right shoulder, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

Decision rationale: According to the guidelines an IF 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. 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. In this case, the request was for purchase of the unit. Long-term use is not recommended and not justified. The request to purchase an IF unit is not medically necessary.

TENS unit and supplies (4 pkgs electrodes, 2 lead wires), purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, postoperative pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. In addition, indefinite use is not indicated as implied by a purchase. The request for the TENS unit is not medically necessary.