

Case Number:	CM15-0105948		
Date Assigned:	06/10/2015	Date of Injury:	04/04/2014
Decision Date:	07/13/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 31 year old male who sustained an industrial injury on 04/04/2014. He reported pain in the left shoulder. The injured worker was diagnosed as having left shoulder osteoarthritis; Tendinosis severe; Cervical spine, thoracic spine, lumbar spine strain; and cephalgia. Treatment to date has included chiropractic treatment, Acupuncture, work conditioning/hardening and computerized range of motion and muscle testing. Currently, the injured worker complains of severe left shoulder pain. On exam, he is not able to flex forward or abduct. On examination, there is mild swelling. Depression is listed as an objective complaint. The request submitted for authorization was for an Interferential Unit, 30-day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit, 30 day rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential unit (ICS) 30-day rental is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are left shoulder OA; tendinosis; cervical spine, thoracic spine, lumbar spine strain. The progress note documentation is handwritten and somewhat illegible. The request for authorization is dated April 28, 2015. The most recent progress note in the medical record is dated March 9, 2015. There is no contemporaneous documentation on or about the date of request for authorization. The March 9, 2015 progress note subjectively states left shoulder pain severe; not able to F/F (forward flex or abduct). There is no documentation with the request for an interferential unit 30-day rental. There is no clinical indication or rationale for an Interferential unit (IF). There is no documentation with a specific anatomical location for an IF. Consequently, absent contemporaneous clinical documentation on or about the date of request for authorization, a clinical indication and rationale for an IDF unit, a specific anatomical location for its application, Interferential unit (ICS) 30-day rental is not medically necessary.