MAXIMUS Federal Services

Case Number:	CM15-0016827		
Date Assigned:	02/05/2015	Date of Injury:	05/08/2014
Decision Date:	04/24/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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: Maryland, District of Columbia
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 is a 45 year old female, who sustained an industrial injury on 5/08/2014. The diagnoses have included cervical spine strain/sprain, right shoulder sprain and tendinitis, myalgia and headaches. Treatment to date has included surgical intervention and physical therapy. Currently, the IW complains of neck pain with radiation to the right arm with numbness and tingling which is more than before. She describes a pins and needle sensation to the level of the wrist and hand. Pain is described as sharp and constant and is rated as 6/10. Objective findings included minimal tenderness to the paracervical muscle on the right side with no spasm and mild tenderness to palpation over the right upper trapezius muscles and palpable trigger points. There are no palpable trigger points on the left side of neck or trapezius muscle. Spurling test is positive on the right. Shoulder motion is restricted in all planes and there is mild tenderness to palpation of the right anterior rotator cuff, the right AC joint and proximal deltoid area. There is tenderness to palpation over the right upper trapezius muscle with palpable trigger points and minimal tenderness to palpation over the right scapula. Impingement test and Hawkins test are positive on the right shoulder. There is decreased sensation in the C5 dermatomes of mild degree. On 1/13/2015, Utilization Review non-certified a request for inferential unit trial for 3 months for bilateral neck/right shoulder noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/29/2015, the injured worker submitted an application for IMR for review of inferential unit trial for 3 months for bilateral neck/right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit trial for 3 months for the bilateral neck/right shoulder: 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 Interferential unit Page(s): 119-120.

Decision rationale: The employee had an MRI of the cervical spine that showed degenerative disc disease and joint disease at C5-C6 and C6-C7, with mild central and foraminal stenosis greater on the left than on the right at C6-7. Her diagnoses included cervical spine sprain/strain, spondylosis, stenosis and cervical spine radiculopathy, right shoulder sprain and tendinitis, myalgia and headaches. Her prior treatment has included NSAIDs, Flexeril, Norco, topical analgesics, trigger point injections, physical therapy, right shoulder surgery with extensive debridement of rotator cuff and labrum, subacromial decompresion and examination under anesthesia. The request was for interferential unit trial for 3 months. The MTUS Chronic Pain Medical Treatment Guidelines do not strongly endorse interferential current stimulation, indicating that it should be reserved for those individuals who have history of analgesic medication failure, medication side effects, substance abuse, unresponsiveness to conservative measures or post operative pain limiting the ability to perform exercise programs. In this case, the employee is status post shoulder surgery and is receiving physical therapy. She is taking oral analgesics and also had injections. There is no documentation of analgesic medication failure, medication side effects, substance abuse or post operative pain limiting ability to perform exercises. Hence, the medical necessity criteria for Interferential therapy is not met.