

Case Number:	CM15-0019421		
Date Assigned:	02/09/2015	Date of Injury:	03/03/2003
Decision Date:	04/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on 3/3/2003. The diagnoses have included cervical spine disc rupture, thoracic spine strain, lumbar spine disc rupture, right shoulder internal derangement and right and left carpal tunnel syndrome. Treatment to date has included acupuncture. According to the Primary Treating Physician's Progress Report dated 9/25/2014, the injured worker was to have a lumbar epidural steroid injection (ESI) on 10/3/2014 and was to have right shoulder surgery when authorized. He complained of pain in the neck, upper back, lower back, right shoulder, right wrist and left wrist. According to the Primary Treating Physician's Progress Report dated 11/11/2014, light touch sensation was intact to the right lateral shoulder, right thumb tip, right long tip and right small tip. Shoulder surgery was pending. On 1/8/2015, Utilization Review (UR) non-certified a request for Interferential SS4 rental for two months, sterile electrodes pack one pack purchase, non-sterile electrodes three packs purchase, power packs Quantity 12 purchase, adhesive remover towel mint Quantity 16, shipping and handling, TT and SS Leadwire Quantity one and Tech fee. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential SS4 rental for 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Per the MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. If interferential treatment is to be used, it should follow very specific guidelines as described in the MTUS in cases where pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain for post operative conditions limiting the ability to perform exercise programs/physical therapy treatments or unresponsive to conservative methods. If the criteria are met then a one month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A review of the injured workers medical records that are available to me show that the request is for right shoulder post operative use, however it is not documented that he has significant pain that limits physical therapy treatments or that he is unresponsive to conservative methods, the guidelines only recommend a trial for one month and therefore the request for Interferential SS4 rental for 2 months is not medically necessary.

Sterile electrodes packs 1 pack purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Per the MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. If interferential treatment is to be used, it should follow very specific guidelines as described in the MTUS in cases where pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain for post operative conditions limiting the ability to perform exercise programs/physical therapy treatments or unresponsive to conservative methods. If the criteria are met then a one month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A review of the injured workers medical records that are available to me show that the request is for right shoulder post operative use, however it is not documented that he has significant pain that limits physical therapy treatments or that he is unresponsive to conservative methods, the guidelines only recommend a trial for one month and therefore the request for

Interferential SS4 rental for 2 months and accompanying Sterile electrodes packs 1 pack purchase is not medically necessary.

Non sterile electrodes 3 packs purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Per the MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. If interferential treatment is to be used, it should follow very specific guidelines as described in the MTUS in cases where pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain for post operative conditions limiting the ability to perform exercise programs/physical therapy treatments or unresponsive to conservative methods. If the criteria are met then a one month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A review of the injured workers medical records that are available to me show that the request is for right shoulder post operative use, however it is not documented that he has significant pain that limits physical therapy treatments or that he is unresponsive to conservative methods, the guidelines only recommend a trial for one month and therefore the request for Interferential SS4 rental for 2 months and accompanying non sterile electrodes 3 packs purchase is not medically necessary.

Power packs qty: 12 purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation. (ICS) Page(s): 118-120.

Decision rationale: Per the MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. If interferential treatment is to be used, it should follow very specific guidelines as described in the MTUS in cases where pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain for post operative conditions limiting the ability to perform exercise programs/physical therapy treatments or unresponsive to conservative methods. If the criteria are met then a one month trial may be appropriate. A review of the injured workers medical records that are available to me show that the request is for right shoulder post operative use, however it is not documented that he has significant pain that limits physical therapy treatments or that he is unresponsive to conservative methods, the guidelines

only recommend a trial for one month and therefore the request for Interferential SS4 rental for 2 months and accompanying Power packs qty: 12 purchase is not medically necessary.

Adhesive remover towel mint qty: 16: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation. (ICS) Page(s): 118-120.

Decision rationale: Per the MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. If interferential treatment is to be used, it should follow very specific guidelines as described in the MTUS in cases where pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain for post operative conditions limiting the ability to perform exercise programs/physical therapy treatments or unresponsive to conservative methods. If the criteria are met then a one month trial may be appropriate. A review of the injured workers medical records that are available to me show that the request is for right shoulder post operative use, however it is not documented that he has significant pain that limits physical therapy treatments or that he is unresponsive to conservative methods, the guidelines only recommend a trial for one month and therefore the request for Interferential SS4 rental for 2 months and accompanying adhesive remover towel mint qty: 16 is not medically necessary.

Shipping and handling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation. (ICS) Page(s): 118-120.

Decision rationale: Per the MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. If interferential treatment is to be used, it should follow very specific guidelines as described in the MTUS in cases where pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain for post operative conditions limiting the ability to perform exercise programs/physical therapy treatments or unresponsive to conservative methods. If the criteria are met then a one month trial may be appropriate. A review of the injured workers medical records that are available to me show that the request is for right shoulder post operative use, however it is not documented that he has significant pain that limits physical therapy treatments or that he is unresponsive to conservative methods, the guidelines only recommend a trial for one month and therefore the request for Interferential SS4 rental for 2 months and associated shipping and handling is not medically necessary.

TT & SS Leadwire qty-1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation. (ICS) Page(s): 118-120.

Decision rationale: Per the MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. If interferential treatment is to be used, it should follow very specific guidelines as described in the MTUS in cases where pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain for post operative conditions limiting the ability to perform exercise programs/physical therapy treatments or unresponsive to conservative methods. If the criteria are met then a one month trial may be appropriate. A review of the injured workers medical records that are available to me show that the request is for right shoulder post operative use, however it is not documented that he has significant pain that limits physical therapy treatments or that he is unresponsive to conservative methods, the guidelines only recommend a trial for one month and therefore the request for Interferential SS4 rental for 2 months and associated TT & SS Leadwire qty-1 is not medically necessary.

Tech fee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation. (ICS) Page(s): 118-120.

Decision rationale: Per the MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. If interferential treatment is to be used, it should follow very specific guidelines as described in the MTUS in cases where pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain for post operative conditions limiting the ability to perform exercise programs/physical therapy treatments or unresponsive to conservative methods. If the criteria are met then a one month trial may be appropriate. A review of the injured workers medical records that are available to me show that the request is for right shoulder post operative use, however it is not documented that he has significant pain that limits physical therapy treatments or that he is unresponsive to conservative methods, the guidelines only recommend a trial for one month and therefore the request for Interferential SS4 rental for 2 months and accompanying tech fee is not medically necessary.