

Case Number:	CM15-0133351		
Date Assigned:	07/21/2015	Date of Injury:	04/09/2009
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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 55 year old female, who sustained an industrial injury on 4/9/2009. Diagnoses have included cervical intervertebral disk (IVD) disorder with myelopathy, rotator cuff syndrome-shoulder, status post cervical fusion and lumbar intervertebral disk (IVD) disorder with myelopathy. Treatment to date has included surgery, magnetic resonance imaging (MRI), physical therapy and medication. According to the progress report dated 4/30/2015, the injured worker complained of cervical pain, right knee pain and thoracic pain. She rated her current pain as seven out of ten. She complained of numbness and tingling in her hands approximately sixty percent of the time. Physical exam revealed palpable tenderness at the cervical region, both shoulders, both wrists, lumbar area, right and left sacroiliac, bilateral buttocks, bilateral posterior legs and bilateral posterior knees. Authorization was requested for a home interferential unit rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential Unit rental 1 month for bilateral shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

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 claimant had undergone numerous interventions and had persistent pain. The request for a 1 month trial along with continuing conservative measure of pain control is appropriate and medically necessary.