

Case Number:	CM15-0183695		
Date Assigned:	09/24/2015	Date of Injury:	01/08/2005
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, New York, California
 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 applicant is a represented 50-year-old who has filed a claim for chronic elbow and shoulder pain reportedly associated with an industrial injury of January 8, 2005. In a utilization review report dated September 16, 2015, the claims administrator failed to approve a request for an interferential stimulator/muscle stimulator with an associated conductor garment. A September 9, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated September 9, 2015, the interferential/muscle stimulator device, electrodiagnostic testing of bilateral upper extremities, MRI imaging of the shoulder, Norco, Naprosyn, Lunesta, and Protonix were endorsed. In an associated progress note of the same date, September 9, 2015, the applicant reported multifocal complaints of elbow and shoulder pain. The applicant was seemingly receiving Workers' Compensation Indemnity and/or Permanent Disability benefits, the treating provider reported. Multiple medications were renewed. The attending provider sought authorization for a four-lead TENS unit with provision of associated conductor garment. There was no mention of the applicant's having employed the device in question on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (Interferential) or muscle stimulator unit with conductive garment per 09/09/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the request for an interferential stimulator/muscle stimulator with associated conductive garment was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential stimulator on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of increased functional improvement, less reported pain, and evidence of medication reduction with the same. Here, however, the attending provider's September 9, 2015 progress note and associated RFA form seemingly suggested that the device in question was prescribed and/or dispensed without having the applicant first undergo a one-month trial of the same so as to ensure efficacy. Therefore, the request was not medically necessary.