

Case Number:	CM15-0188686		
Date Assigned:	09/30/2015	Date of Injury:	11/06/2011
Decision Date:	11/12/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on 11-6-2011. The injured worker is undergoing treatment for internal derangement of the shoulder. Medical records dated 7-23-2015 indicate the injured worker complains of right shoulder pain. He reports he has been "doing better and only has pain with activities." Pain is rated 3 out of 10. Physical exam dated 7-23-2015 notes tenderness to palpation of the right shoulder with positive impingement. X-rays of the shoulder and elbow taken during the exam indicates spurring of the acromion. Exam dated 5-28-2015 indicates pain is decreasing. Exam dated 5-27-2015 indicates the injured worker is not taking medication. Treatment to date has included magnetic resonance imaging (MRI), shoulder surgery and labs (5-27-2015) negative. The original utilization review dated 8-28-2015 indicates the request for Interferential unit for 30-60 day rental (and purchase if usage is effective) and supply purchase for right shoulder is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit for 30-60 day rental (and purchase if usage is effective) and supply purchase for right shoulder: 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: The patient presents with pain in the right shoulder, rated 3/10. The request is for INTERFERENTIAL UNIT FOR 30-60 DAY RENTAL (AND PURCHASE IF USAGE IS EFFECTIVE) AND SUPPLY PURCHASE FOR RIGHT SHOULDER. Physical examination to the right shoulder on 09/03/15 revealed tenderness to palpation over the anterior aspect of the shoulder. Impingement tests I and II were positive. Per 05/28/15 progress report, patient's diagnosis include impingement syndrome of the right shoulder, and status post arthroscopic surgery. Patient's work status is regular duties. For Interferential Current Stimulation (ICS), MTUS guidelines, pages 118 - 120, state that "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." These devices are recommended in cases where: (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Treater has not discussed this request and no RFA was available either. The utilization review dated 08/28/15 has modified the request to 1 month home-based trial with one month of supplies. In this case, the treater has not provided prescriptive notes and there is no evidence that medications and conservative care are ineffective or that the patient has a history of substance abuse. The treater does not document side effects due to medication. A purchase would not be indicated without first documenting successful outcome of a one month trial. Given the lack of any discussion regarding the request, the indication for the use of this unit cannot be determined. The request IS NOT medically necessary.