

Case Number:	CM15-0189324		
Date Assigned:	10/01/2015	Date of Injury:	05/02/2015
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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 46 year old female, who sustained an industrial injury on 5-2-15. The injured worker was diagnosed as having neck sprain; fracture of vertebral column without spinal cord injury; contusion of upper limb; tenosynovitis hand-wrist; cervical strain with mild closed head injury; bilateral shoulder contusions with left-sided tendinitis; bilateral hip contusions. Treatment to date has included physical therapy; injection; medications. Diagnostics studies included MRI left shoulder 7-31-15. Currently, the PR-2 notes dated 8-17-15 indicated the injured worker was in the office for a follow-up visit. She is currently in therapy and reports some improved left shoulder strength and motion. She also has some residual neck and back pain that has previously benefited from therapy. She reports transient episodes of radicular pain into her left buttocks and thigh that have not been present in recent weeks. On physical examination, the provider documents "The tenderness about the lateral margin of the left shoulder has diminished following her left shoulder injection. Mild crepitation is also evident with active shoulder motion, which is mildly attenuated; however, for passive left shoulder range of motion is preserved. Left shoulder impingement sign is equivocal today. There is only mild tenderness about the right shoulder. The tenderness in the paracervical and her lumbar regions are unchanged. No objective evidence of radiculopathy is present on today's examination of the cervical and lumbar spine." The provider reviews and documents a MRI of the left shoulder done on 7-31-15 with a conclusion: "There is no tear of rotator cuff, but there are findings suggestive of degeneration and tendinosis of the supraspinatus. Degenerative changes at the left acromioclavicular joint associated with mild hypertrophic changes both on its superior and inferior aspect." The provider notes the injured worker received previous

benefit from a stimulator while in therapy. She also reports notable improvement with her recent shoulder injection (no date). The provider has requested a stimulator unit, refill on medications, a psychology consult due to increased anxiety and a follow-up appointment. A Request for Authorization is dated 9-21-15. A Utilization Review letter is dated 9-1-15 and non-certification was for Meds-4 IF (Interferential) unit with garment. A request for authorization has been received for Meds-4 IF (Interferential) unit with garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 IF (Interferential) unit with garment: 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 MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The Meds-4 IF (Interferential) unit with garment is not medically necessary and appropriate.