MAXIMUS Federal Services

Case Number:	CM15-0200688		
Date Assigned:	10/15/2015	Date of Injury:	11/21/1988
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old, female who sustained a work related injury on 11-21-88. A review of the medical records shows she is being treated for left shoulder, right elbow, right wrist, neck and low back pain. In the progress notes dated 7-9-15 and 9-10-15, the injured worker reports left shoulder, right elbow, right wrist, neck and low back pain. She was sweeping at home and made her neck and low back pain worse. She rates her pain a 7 out of 10. She has constant pain in her neck with burning sensation and tingling sensation radiating into left shoulder. On physical exam dated 9-10-15, Treatments have included lumbar trigger point injections, physical therapy to lumbar area, shoulder cortisone injection and ice-heat therapy. She is retired. The treatment plan includes requests for physical therapy and for an interferential unit and supplies. The Request for Authorization dated 9-16-15 has a request for an interferential unit and supplies. In the Utilization Review dated 9-21-15, the requested treatment of an interferential unit and supplies to use on left shoulder and neck, 30-60 day rental purchase is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit and supplies for the left shoulder and neck, 30-60 day rental purchase:
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 claimant has a remote history of a work injury occurring in November 1988 due to repetitive trauma. She underwent left shoulder arthroscopic surgery, a right carpal tunnel release, a right lateral elbow release, and surgery for her left heel. She is also being treated for low back pain with radiating symptoms. When seen, she had an exacerbation of neck and back pain after sweeping at home. Pain was rated at 7/10. X-rays of the cervical, thoracic, and lumbar spine and of the left shoulder were obtained. No physical examination was recorded. A trigger point injection for the lumbar spine was performed. Recommendations included use of heat and ice for symptom control. Authorization was requested for up to a 60 day interferential unit rental with purchase if effective. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. If there was benefit, then purchase of a unit would be considered. Rental of a unit for more than one month is not cost effective and not necessary to determine its efficacy. Additionally, the claimant was being seen for an exacerbation of symptoms and had not failed conservative treatments. The request is not medically necessary.