

Case Number:	CM15-0202188		
Date Assigned:	10/19/2015	Date of Injury:	08/01/2013
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/14/2015

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 62 year old male, who sustained an industrial injury on 8-1-13. Medical records indicate that the injured worker is undergoing treatment for left shoulder impingement and cervical spine pain. The injured worker was to return to work with modifications. On (8-31-15) the injured worker complained of persistent left shoulder pain. Objective findings included tenderness along the trapezius muscles bilaterally with spasm of the paratrapezial musculature. Range of motion of the upper extremities was normal. Motor and sensory examination was normal. Treatment and evaluation to date has included medications, x-rays left shoulder and cervical spine, MRI of the cervical spine, physical therapy and right shoulder surgery for a rotator cuff tear. A current medication list was not provided in the medical records. The request for authorization dated 9-8-15 is for an Interferential unit (IF) and supplies x 30-60 day rental and IF unit supplies-purchase. The Utilization Review documentation dated 9-15-15 non-certified the requests for IF unit and supplies x 30-60 day rental and IF unit supplies-purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit and supplies x 30-60 day rental: 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: 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 has chronic shoulder pain and has undergone physical therapy. There is a request for adjunctive functional restoration. However, the claimant is only noted to have spasms. Range of motion is good and there are no neurological abnormalities. Although an IF unit may provide some benefit, its use/rental is not a medical necessity.

IF unit supplies-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: 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 has chronic shoulder pain and has undergone physical therapy. There is a request for adjunctive functional restoration. However, the claimant is only noted to have spasms. Range of motion is good and there are no neurological abnormalities. Although an IF unit may provide some benefit, long-term use and purchase is not a medical necessity.