

Case Number:	CM15-0207885		
Date Assigned:	10/26/2015	Date of Injury:	04/26/2013
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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 51 year old female who sustained an industrial injury on 4-26-13. A review of the medical records indicates she is undergoing treatment for status post right shoulder rotator cuff repair; sprain and strain. Medical records (10-6-15) indicate complaints of right shoulder pain with repeated use, such as housework, as well as complaints of gastritis due to medications and "avoids if at all possible". The objective findings include "slight reduced" motion of the right shoulder. "Slight" spasm is noted in the right shoulder muscles. Hyposensitivity is noted of the right C6, C7 dermatomes. The injured worker's medications are not included in the progress record. The treatment plan is for a 30 day trial of ART interferential stimulator in conjunction with her home exercise program to reduce medication intake and avoid gastritis and other side effects. The utilization review (10-13-15) includes a request for authorization of ART interferential stimulator - 30 day trial. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART interferential stimulator, 30 day trial: Overturned

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 sustained a work injury in April 2013 due to repetitive right upper extremity use and underwent an arthroscopic right rotator cuff repair. She was having right shoulder pain with repetitive use. She was having side effects of gastritis from medications. Physical examination findings included slightly decreased right shoulder range of motion with spasms. There was decreased right upper extremity sensation. The plan references a 30 day trial of an interferential stimulator in conjunction with a home exercise program to avoid medication use. While not recommended as an isolated intervention a one-month trial of interferential stimulation may be appropriate. Patient selection criteria if it is to be used include post-operative pain that limits the ability to perform physical therapy treatments or an exercise program. In this case, the claimant has post-operative pain and the trial is intended to facilitate a home exercise program. Intolerance of oral medications is referenced. The requested 30 day trial of an interferential unit was medically necessary.