

Case Number:	CM15-0020411		
Date Assigned:	02/10/2015	Date of Injury:	06/25/2013
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 39 year old female, who sustained an industrial injury on 06/25/2013. She has reported subsequent neck, right shoulder and bilateral wrist pain and was diagnosed with bilateral carpal tunnel syndrome, tendinitis of the right shoulder and cervical strain. Treatment to date has included oral pain medication, injections, physical therapy and acupuncture. In a progress note dated 12/16/2014, the injured worker's right shoulder pain was noted to have improved after an injection. Objective physical examination findings were notable for tenderness of the right shoulder with positive impingement signs. A request for authorization of interferential unit and supplies was made. On 01/05/2015, Utilization Review modified a request for inferential unit with supplies from electrodes x 10 packs, batteries x 10 to a rental of 30 days only with supplies for a 30 day trial period, noting that guidelines recommend a trial prior to consideration of extended use or purchase. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit with supplies (electrodes x 10 packs, batteries x 10) purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-299.

Decision rationale: This 39 year old female has complained of neck, bilateral wrist pain and right shoulder pain since date of injury 6/25/13. She has been treated with medications, physical therapy, acupuncture and injection. The current request is for IF unit with supplies (electrodes x 10 packs, batteries x 10) purchase. Per the MTUS guidelines cited above, an interferential unit is not recommended in the treatment of chronic low back pain. There is no evidence based medical literature to support the use of an interferential unit in the treatment of low back pain. On the basis of this lack of medical evidence for the efficacy and recommendation of an interferential unit in the treatment of back pain, the request for an interferential unit is not indicated as medically necessary.