

Case Number:	CM15-0023699		
Date Assigned:	02/13/2015	Date of Injury:	08/10/2013
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 10, 2013. In a Utilization Review Report dated January 28, 2015, the claims administrator failed to approve a request for 30- to 60-day interferential unit rental. The applicant's attorney subsequently appealed. On January 5, 2015, the applicant apparently underwent a left shoulder arthroscopy and biceps tenodysis procedure. In an RFA form dated January 15, 2015, the attending provider sought authorization for an interferential unit with associated supplies. No clinical progress notes were seemingly attached to the same. In an earlier note dated July 20, 2014, the applicant was using Norco, oral Voltaren, and Norflex for pain relief, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-60 day rental of interferential unit and supplies, with purchase for long term use if effective: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: No, the request for an interferential unit with associated supplies, 30 to 60 day rental, was not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an interferential stimulator can be employed on a one-month trial basis in applicants in whom pain is ineffectively controlled owing to medication ineffectiveness, applicants who have a history of substance abuse which would prevent provision of analgesic medications, and/or applicants who have issues with medication side effects which would prevent provision of analgesic medications, in this case, however, none of the aforementioned issues were seemingly present. There was no mention of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals. The applicant was seemingly using oral Voltaren, Norco, Norflex, etc., without any seeming impediment, intolerance, etc. The attending provider did not attach any narrative commentary or progress notes to the January 15, 2015 RFA form. Therefore, the request was not medically necessary.