

Case Number:	CM15-0025147		
Date Assigned:	02/17/2015	Date of Injury:	03/02/2011
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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:

This 55 year old female sustained an industrial injury on 3/2/11, to the neck, shoulders, wrists, right knee and right ankle. The injured worker underwent right shoulder arthroscopic decompression in 2012. The injured worker suffered ongoing neck and right upper extremity pain. Magnetic resonance imaging cervical spine (6/2014) showed disc protrusion with osteophyte formation with right sided C6-7 stenosis and nerve compression. Treatment included medications and physical therapy. In a pain management consultation dated 1/6/15, the injured worker complained of pain in the right neck extending into the right shoulder, right scapular region and upper extremity, rated 8/10 on the visual analog scale, associated with numbness, tingling and weakness. Physical exam was remarkable for moderate right trapezius tenderness with trigger points, right supraspinatus tendon tenderness, cervical spine and right shoulder range of motion within normal limits, right upper extremity with intact sensation and motor strength 5/5 and positive Roos test and costoclavicular abduction test. The treatment plan included a trial of cervical traction therapy and , a 30 day trial of home interferential unit and medication adjustments. The claimant had previously used an IF unit for her knees and had benefit. The physician noted that the injured worker found the interferential unit to be helpful for her knee pain during prior physical therapy sessions. On 1/30/15, Utilization Review non-certified a request for 30 days Home interferential unit, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 days Home interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118.

Decision rationale: Interferential 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. Although the claimant is undergoing therapy, traction and receiving medications, the IF unit is an adjunctive modality without conclusive benefit for neck pain. The use of an IF unit is not required and therefore not medically necessary.