

Case Number:	CM15-0036925		
Date Assigned:	03/05/2015	Date of Injury:	08/21/2013
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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: California

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 56 year old male, who sustained an industrial injury on August 21, 2013. He reported a sudden onset of back, neck and right shoulder pain when he was lifting heavy glass. The diagnoses have included mechanical back pain and right shoulder arthropathy. Treatment to date has included diagnostic studies, physical therapy and chiropractic treatment. On January 27, 2015, the injured worker reported his back is gradually getting better. He was noted to be in therapy and appeared to be managing. He complained of right shoulder pain. Physical examination of the right shoulder revealed tenderness to palpation along the right acromioclavicular joint. He had a positive impingement sign and a painful arc. On February 11, 2015, Utilization Review non-certified meds-4 inf unit with garment, noting the CA MTUS Guidelines. On February 26, 2015, the injured worker submitted an application for Independent Medical Review for review of meds-4 inf unit with garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 inf unit with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF Stimulation Page(s): 118-120.

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment.). Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement. A 1/27/15 note indicates the patient had 'muscle stim' at physical therapy but functional improvement from, this is not specified. It does not appear a formal 30 day home based trial was ever ordered. In light of the above issues, the currently requested interferential unit is not medically necessary.