

Case Number:	CM15-0037499		
Date Assigned:	03/05/2015	Date of Injury:	10/02/2014
Decision Date:	04/17/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 41-year-old female, who sustained an industrial injury on 10/02/2014. On provider visit dated 02/09/2015 the injured worker has reported neck pain and right shoulder and arm pain. The diagnoses have included right shoulder impingement and C5-C6 bulging disc. Treatment to date has included MRI's. Treatment plan included chiropractic therapy, physical therapy and interferential unit. On 02/20/2015 Utilization Review non-certified Retrospective: IF (Interferential) Unit and Supplies (Rent to Purchase) (DOS: 2/9/15). The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: IF Unit and Supplies (Rent to Purchase) (DOS: 2/9/15): 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 unit Page(s): 118-120.

Decision rationale: According to the 02/09/2015 report, this patient presents with neck pain and right shoulder /arm pain. The current request is for Retrospective: IF Unit and Supplies (Rent to Purchase) (DOS: 2/9/15). The request for authorization is not included in the file for review. The patient's disability status is "may work with limitations of no pushing, pulling or lifting over five (5) pounds, and no repetitive over-the-shoulder activities with the right side."The MTUS Guidelines page 118 to 120 states that interferential current stimulation is not recommended as an isolated intervention. MTUS also recommends trying the unit for one-month before a home unit is provided if indicated. Indications are pain ineffectively controlled with medication; history of substance abuse; post-operative use; unresponsive to conservative measures. In this case, the patient does not present with a specific indication for IF unit and has not trialed the unit for a month to determine effectiveness. Recommendation is for denial. In this case, the treating physician does not document that the patient presents with a specific indication for IF unit as required by the MTUS. There is no documentation that the patient has trialed the unit for a month to determine effectiveness. The treating physician does not provide medical rationale for the request, the treatment plan simply states 'interferential unit.' The current request IS NOT medically necessary.