

Case Number:	CM15-0041126		
Date Assigned:	03/11/2015	Date of Injury:	10/01/2014
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/04/2015

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:

The injured worker is a 43-year-old female, who sustained an industrial injury on October 1, 2014. She reported left shoulder pain. The injured worker was diagnosed as having sprain/strain of the shoulder and thoracic region and left shoulder impingement. Treatment to date has included radiographic imaging, diagnostic studies, conservative treatments, medications and work restrictions. Currently, the injured worker complains of left shoulder pain, upper back pain and radiating pain to the upper extremity. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She reported continuous use of the shoulder at work with noted increasing pain. Evaluation on October 9, 2014, revealed continued pain. Pain medications were previously started and the recommendation was to start physical therapy. Evaluation on December 8, 2014, revealed continued pain following completion of physical therapy. Orthopedic evaluation was recommended. Evaluation on January 16, 2015, revealed continued pain. A left shoulder injection was administered. Due to continued pain, a request was made on 2/4/15 for acupuncture, E-stim unit, Interferential unit, infraredm Diathermy and pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi interferential stimulator unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

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

Decision rationale: According to the guidelines, 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In this case, the claimant is prescribed many other modalities simultaneously with the interferential unit as noted above. The response to these numerous modalities is not known. The request for the interferential unit is not medically necessary.