

Case Number:	CM15-0054885		
Date Assigned:	03/30/2015	Date of Injury:	01/17/2012
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 a(n) 50 year old male, who sustained an industrial injury on 1/17/12. He reported pain in the neck, bilateral shoulders and bilateral elbows/wrists/hands. The injured worker was diagnosed as having cervical spine strain, right elbow sprain, right carpal tunnel syndrome and left shoulder adhesive capsulitis. Treatment to date has included MRI's, bilateral subacromial space injections, right carpal tunnel release surgery and pain medications. As of the PR2 dated 3/5/15, the injured worker reports 8/10 pain that is relieved with the inferential unit. The treatment plan includes continued use of the inferential unit and Tramadol. The treating physician requested inferential unit supplies and patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit supplies patches: 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): 118-120.

Decision rationale: The patient presents with cervical spine strain, right elbow sprain, right carpal tunnel syndrome and left shoulder adhesive capsulitis. The current complaints are of pain in the neck, bilateral shoulders and bilateral elbows/wrist/hands. The current request is for Interferential unit supplies patches. The treating physician states on 3/5/14 (6C) in an almost completely illegible handwritten note, "DME Requested: interferential unit supplies - patches." MTUS Guidelines state that Interferential (IF) current stimulation is not recommended as an isolated intervention. However, MTUS Guidelines listed patient selection criteria include post-operative pain. MTUS states that if criteria were met, then a one-month trial would be appropriate. MTUS goes further to state that use of the IF unit would be appropriate under the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If the criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement; less reported pain and evidence of medication reduction. In this case, the treating physician has requested authorization for the patient to receive "Interferential supplies - patches." While the use of an IF unit may be appropriate for this patient; the clinical history does not document the patients response to treatment with the Interferential unit nor address evidence of increased functional improvement, less reported pain and/or evidence of medication reduction. Additionally, the requested is made for an unknown number of patches that simply could not be approved due to a lack of specificity. Therefore the current request is not medically necessary and the recommendation is for denial.