

Case Number:	CM15-0080587		
Date Assigned:	05/01/2015	Date of Injury:	02/07/2012
Decision Date:	06/01/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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 a 58 year old female, who sustained an industrial injury on February 7, 2012. She reported neck pain, headache, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, dizziness, anxiety and stress. The injured worker was diagnosed as having cervical intervertebral disc disorder with myelopathy, rotator cuff syndrome and status post arthroscopic surgery of the right shoulder. Treatment to date has included diagnostic studies, surgical intervention of the right shoulder, conservative care, medication and work restrictions. Currently, the injured worker complains of continued neck pain, headache, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, dizziness, anxiety and stress. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 19, 2015, revealed continued pain as noted. A home inferential stimulator unit for chronic pain was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator Trial for 60 days- Neck and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved functional status and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The Interferential Stimulator Trial for 60 days- Neck and Right Shoulder is not medically necessary and appropriate.