

Case Number:	CM15-0089404		
Date Assigned:	05/13/2015	Date of Injury:	11/29/2012
Decision Date:	06/16/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/08/2015

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: Emergency Medicine

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 50 year old female, who sustained an industrial injury on 11/29/2012. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having chronic cervical ligamentous and muscular strain with discopathy, chronic bilateral shoulder strain, chronic bilateral epicondylitis with ulnar nerve paresis, chronic bilateral wrist strain with carpal tunnel syndrome, chronic left ankle ligamentous strain with mild weakness, sleep issues, gastrointestinal issues, and psychiatric issues. Treatment and diagnostics to date has included ultrasound of the right upper extremity, cervical spine MRI, electro-myography/nerve conduction studies, and medications. In a progress note dated 04/07/2015, the injured worker presented with complaints of increased right shoulder symptoms and would like surgery. Objective findings include tenderness to palpation to right shoulder with positive impingement and crepitus. The treating physician reported requesting authorization for interferential stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Stimulator (unspecified time frame) Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-117.

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

Decision rationale: As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. Several provided progress notes are poorly written and not legible. There is no documentation of failure of standard therapy or poor pain control on medication. There is no documentation of a successful or plan for 1-month trial. ICS is not medically necessary