

Case Number:	CM14-0134130		
Date Assigned:	08/25/2014	Date of Injury:	01/10/2011
Decision Date:	09/19/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

64 year old female claimant sustained a work injury on 1/10/11 involving the shoulder and neck. She was diagnosed with chronic shoulder pain, right shoulder impingement syndrome, and cervical strain. She had undergone left shoulder arthroscopy. A progress note on 6/30/14 indicated the claimant had continued neck and shoulder pain. The right shoulder had reduced range of motion and strength. The claimant had previously undergone several shoulder injections and the treating physician requested another one at the visit as well as a ProTech MultiStim unit for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro Tech Multi Stimulator-Unit and Supplies (Rental or Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Intractable Pain: TENS Unit, Interferential Current Stimulation (ICS), Neuromuscular Electrical Stimulation (NMES Device).

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

Decision rationale: ProTech is similar to an interferential treatment used to manage muscle pain. According to the MTUS guidelines, it 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. . There are no standardized protocols for the use of interferential therapy.