

Case Number:	CM14-0139794		
Date Assigned:	09/08/2014	Date of Injury:	01/27/2011
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/28/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; earlier shoulder surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated August 5, 2014, the claims administrator partially certified a request for a two-month interferential unit rental as a one-month rental of the same without provision of an associated garment. The applicant's attorney subsequently appealed. In a July 11, 2014 progress note, the applicant was described as three months removed from a right shoulder biceps tenodesis procedure. The applicant was doing "fairly well," it was stated. The applicant was given work restrictions. It was stated that the applicant would likely be returned to regular duty work in six weeks time. 135 degrees of shoulder elevation were appreciated. On May 2, 2014, it was acknowledged that the applicant was using oral tramadol for pain relief along with a naproxen containing cream. The applicant was returned to regular duty work on this occasion. In a Utilization Review Report dated August 5, 2014, the claims administrator partially certified a request for a two-month interferential unit rental as a one-month rental of the same without provision of an associated garment. The applicant's attorney subsequently appealed. In a July 11, 2014 progress note, the applicant was described as three months removed from a right shoulder biceps tenodesis procedure. The applicant was doing "fairly well," it was stated. The applicant was given work restrictions. It was stated that the applicant would likely be returned to regular duty work in six weeks time. 135 degrees of shoulder elevation were appreciated. On May 2, 2014, it was acknowledged that the applicant was using oral tramadol for pain relief along with a naproxen containing cream. The applicant was returned to regular duty work on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit, two month rental: Upheld

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

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

Decision rationale: While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does support a one-month trial of an interferential stimulator device in applicants who have issues with ineffective pain control owing to diminished medication efficacy, medication side effects resulting in ineffective pain control, and/or history of substance abuse which would prevent provision of analgesic medications. In this case, however, there is no evidence of oral analgesic intolerance and/or failure. There is no evidence of the applicant having difficulty participating in physical therapy secondary to pain. If anything, the information on file suggests that the applicant is responding favorably to usage of oral tramadol and outpatient physical therapy as evinced by reported return to modified duty work. Criteria for pursuit of an interferential stimulator trial have not been met. Therefore, the request is not medically necessary.

Conductive garment: Upheld

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

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

Decision rationale: This is a derivative or companion request, one which accompanies the request for the primary interferential current stimulator rental. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, a jacket or garment should not be approved until after successful one-month trial of the interferential device at issue. In this case, the interferential device at issue has been deemed not medically necessary. Therefore, the derivative request for a conductive garment is likewise not medically necessary.