

Case Number:	CM14-0140564		
Date Assigned:	09/10/2014	Date of Injury:	05/22/2014
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 31 year-old female who was involved in a motor vehicle accident while she was driving a bus at work on 05/22/14. The injured worker complains of left shoulder and back pain. The pain level was 10/10 at the time of injury and on 05/29/14 she rated her pain as 9/10. On 06/25/14 she rated her pain as 8/10. On physical exam on 5/29/14 she had limited range of motion of the cervical spine, thoracic spine, back as well as lumbar spine. As per the report on 08/13/14, left shoulder exam documented tenderness and moderate reduction of range of motion. Moreover, the injured worker complained of pain on spasms and decreased effectiveness of pain medications. Her current work status is temporary total disabled. Diagnoses are cervical/trapezial sprain/strain, thoracic sprain/strain, lumbar sprain/strain, and left shoulder periscapular sprain/strain. Current treatment included Voltaren XR (diclofenac ER 100 mg) and physical therapy. The request for AVID Interferential Unit-2 month rental (for the cervical spine and left shoulder) with supplies: 2 month supply of electrodes packs (#8), power pack (#24) and adhesive remover towel mint (#32) were denied on 08/25/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

AVID Interferential Unit-2 month rental (for the cervical spine and left shoulder) with supplies: 2 month supply of electrodes packs (#8), power pack (#24) and adhesive remover towel mint (#32): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder/Interferential current stimulation (ICS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Interferential current stimulation (ICS)

Decision rationale: Per guidelines, interferential current stimulation 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. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support the interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. Additionally, there is no evidence of trial of this device to demonstrate its efficacy in this injured worker. Therefore, the medical necessity of the requested device cannot be established based on guidelines.