

Case Number:	CM14-0149601		
Date Assigned:	09/29/2014	Date of Injury:	10/01/2010
Decision Date:	10/31/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 38-year-old female with a reported date of injury on 10/01/2010. The mechanism of injury was noted to be from overuse. Her diagnoses were noted to include overuse syndrome, sprain/strain of the right wrist and elbow/forearm, cervical, thoracic spine, right shoulder, and biceps tendinitis. Her previous treatments were noted to include surgery, acupuncture, physical therapy, elbow and wrist brace, and medications. The progress note dated 02/18/2014 revealed complaints of wrist and forearm pain. The injured worker complained of pain to the right shoulder as well, but less than before. The physical examination revealed decreased range of motion to the right shoulder and right brachioradialis spasm. The Request for Authorization form was not submitted within the medical records. The request was for 30 day trial A.R.T interferential stimulator; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial A.R.T interferential stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

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

Decision rationale: The injured worker has had previous physical therapy treatments. The California Chronic Pain Medical Treatment Guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, medications, and limited evidence of the improvement on those recommended treatments alone. The guidelines' criteria for interferential stimulation are if pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures. There is a lack of documentation regarding the interferential stimulator to be used as an adjunct to rehabilitation approach such as exercises. There is a lack of documentation regarding utilization of electrical stimulation with physical therapy prior to requesting a 30 day trial of the interferential stimulator. Therefore, the request is not medically necessary.