

Case Number:	CM14-0158771		
Date Assigned:	10/02/2014	Date of Injury:	05/04/2014
Decision Date:	10/31/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 Orthopedic Surgery 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:

This is a 27-year-old gentleman who injured his shoulder in a work-related accident on 04/05/14. The medical records provided for review documented that, following a course of conservative care, the claimant underwent right shoulder arthroscopy, subacromial decompression, labral repair, and debridement on 08/28/14. Postoperatively, the claimant began a course of physical therapy. The report of the 10/01/14 re-evaluation noted diminished pain complaints of 2/10 on a self-limited scale. Physical examination showed good passive motion to 160 degrees of forward flexion and 150 degrees of abduction with 4/5 strength. Continuation of a course of formal physical therapy was recommended at that time. This is a request for an interferential device with garment placement for the claimant's use in the postoperative setting following shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS-4-INF with garment: Upheld

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

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

Decision rationale: According to the Chronic Pain Guidelines, interferential devices are typically not recommended as an isolated intervention and are reserved for patients who are unresponsive to conservative measures at which time a one month trial may be indicated. Garments in regard to interferential devices are typically not recommended also unless a one month trial demonstrating improvement in both functionality and activity levels are documented. There is no documentation to support the use of this device in the claimant's postoperative setting as the documentation indicates that the claimant is improving well with the standard forms of conservative measures including immobilization and physical therapy. The purchase of an interferential device with garment would not be indicated as medically necessary.