

Case Number:	CM14-0028557		
Date Assigned:	06/16/2014	Date of Injury:	03/01/2011
Decision Date:	09/19/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 patient is a 42-year-old female who has submitted a claim for status post right shoulder arthroscopy, left shoulder tendinitis/impingement syndrome rule out internal derangement/tear, lumbar spine disc protrusion with radiculitis, cervical spine disc protrusion, and thoracic spine myofasciitis associated with an industrial injury date of March 1, 2011. Medical records from 2012-2014 were reviewed. The patient complained of neck and bilateral shoulder pain, right greater than the left. The pain was rated 4-9/10 in severity. There was also severe pain in her stomach and weakness in both arms. Physical examination showed tenderness in the cervical spine at C4-C7 and associated paraspinal muscles, upper trapezius muscles, and levator scapulae. There was positive Spurling's test bilaterally. Tenderness of the thoracic spine at T2-T6 and associated paraspinal muscles was noted. Soto-Hall test was positive bilaterally. Shoulder examination showed tenderness on the anterior shoulder capsules, bicipital grooves, supraspinatus fossa, infraspinatus fossa, and over the periscapular stabilizers with palpable trigger point formation on the left upper trapezius bundles, and left and right rhomboids. There was slight asymmetric loss of range of motion of the bilateral shoulders on abduction and flexion. Supraspinatus and shoulder depression test were positive. Motor strength was 4/5 on flexion, abduction, and internal and external rotation. MRI of the cervical spine, dated March 14, 2014, revealed C3-C4 disc showing dehiscence of nucleus pulposus with 2mm posterior disc protrusion indenting the anterior portion of the cervical subarachnoid space, C4-C5 showing dehiscence of the nucleus pulposus with 2.5mm posterior disc protrusion indenting the anterior portion of cervical subarachnoid space, and C5-C6 showing dehiscence of the nucleus pulposus with 2mm posterior disc protrusion indenting the anterior portion of the cervical subarachnoid space. MRI of the left shoulder, dated June 14, 2012, showed impingement with down sloping of the acromion process impinging on the supraspinatus tendon in the rotator cuff, bright signal at

the point of the impingement, and separation of the AC joint by 6mm. MRI of the right shoulder, dated June 14, 2012, revealed evidence of impingement with down sloping of the acromion process impinging on the supraspinatus tendon in the rotator cuff, and bright signal and widening of the supraspinatus tendon with fluid in the subacromial-subdeltoid bursa indicating a full-thickness tear. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, activity modification, steroid injections, and right shoulder arthroscopy. Utilization review, dated February 19, 2014, denied the request for home IF unit with supplies; rental/purchase/duration of use/cost unknown because there was no evidence of its therapeutic benefits or that a TENs unit would not provide the same or similar benefits, and there was no stated duration of its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-INTERSPEC IF II SUPPLIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Page 118-120 of CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial of the IF unit may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, in patients with a history of substance abuse, in the presence of significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or if the condition is unresponsive to conservative measures. In this case, patient has persistent neck and bilateral shoulder pain, right more than the left. Rationale for the request was for pain control at home. However, there is no documentation regarding failure of pain medications or inability to perform physical therapy/home exercise programs. Furthermore, the present request as submitted failed to specify whether approval for the interferential unit was for rental or purchase as well as the length or duration of its use. Therefore, the request for DME-INTERSPEC IF II SUPPLIES is not medically necessary.