

Case Number:	CM14-0165343		
Date Assigned:	10/10/2014	Date of Injury:	11/24/2013
Decision Date:	03/02/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

20 year old male claimant who sustained a work injury on November 24, 2013 involving the left shoulder and back was diagnosed with left shoulder strain, thoracic strain and lumbar strain. He had undergone physical therapy and used analgesics. A progress note of January 29, 2014 indicated the claimant decreased range of motion in the cervical spine and left shoulder due to pain. A progress note on August 6, 2014 indicated claimant had persistent right arm pain. No additional physical findings were noted. An MRI was requested. The physician also requested a home interferential unit for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec II Interferential unit for at home pain control: 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 unit Page(s): 118.

Decision rationale: According to the guidelines an interferential unit is not recommended as an isolated intervention. There's only evidence for its use in conjunction with work, exercise and medication. Although it can help soft tissue injuries and back pain, the claimant's response to its use is unknown. In this case, the length of time for use of an interferential unit is not specified. Long-term home use is not substantiated by the information provided. The request as above is not medically necessary.