

Case Number:	CM14-0035481		
Date Assigned:	06/23/2014	Date of Injury:	09/22/2010
Decision Date:	01/28/2015	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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:

Injured worker (IW) is a 65 year old male who sustained an industrial injury on 09/22/10 when he slipped and landed on his right shoulder. 12/20/13 FCE determined IW to be at a Light strength capacity. 02/20/14 AME report documented previous treatments including medications, work restrictions, diagnostic studies, acupuncture, physical therapy, epidural steroid injections (ESIs), and extracorporeal shock wave treatment (ESWT) treatments to the low back and right shoulder. Diagnoses were listed as right shoulder sprain and contusion with secondary tendinitis and bursitis, and lumbar sprain. Future medical treatment recommendations included medications and brief courses of physical therapy modalities. 08/08/11 a Prime IF interferential therapy unit was ordered for indefinite period. However, review of office notes does not identify any reference to results of a trial of interferential stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: MTUS recommendations concerning interferential current stimulation state: "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." Based upon the submitted documentation none of these patient selection criteria appear to be met. In addition, evidence of functional improvement, pain reduction, or reduced use of medications with a one month trial of ICS is not documented. Therefore, medical necessity is not established per MTUS recommendations for the requested interferential unit.