

Case Number:	CM15-0111853		
Date Assigned:	06/18/2015	Date of Injury:	05/09/2007
Decision Date:	07/16/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on 5/9/07. She has reported initial complaints of cervical spine and low back injury with pain. The diagnoses have included cervical spine strain, lumbosacral spine sprain, left shoulder tendinitis, bilateral wrists sprain, cervical disc disease, cervical radiculopathy; status post left shoulder arthroscopy with residuals, bilateral carpal tunnel syndrome, lumbar disc disease and lumbar facet syndrome. Treatment to date has included medications, diagnostics, activity modifications, and physical therapy, and chiropractic, consultations, left shoulder surgery, post-operative physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 4/7/15, the injured worker complains of cervical spine pain with a stiff, burning, achy sensation starting on the left side, going to the right and radiating to the bilateral shoulders. She also has swelling in the clavicle area and feels as if the left shoulder will pop out. She also complains of lumbar spine pain described as stiff that starts in the left side and goes to the center and right side of the lumbar spine. The pain is deep and achy into the buttocks and legs with weakness to the legs and swelling behind the knees. There is also a burning sensation and spasm to the lumbar spine. She also has bilateral wrist pain which is achy and radiates to the forearms and thumb. The physical exam of the cervical spine reveals moderate tenderness and spasm, positive axial head compression test, facet tenderness and decreased cervical range of motion. The lumbar spine exam reveals tenderness over the lumbar paraspinal muscles and facet joint tenderness. The Kemp's test is positive and the seated and supine straight leg raise was positive bilaterally and the straight leg raise causes back pain. The left shoulder exam reveals pain and decreased range

of motion. The wrist exam reveals positive Tinel test and Finkelstein test bilaterally and decreased sensation in the C5 and C6 dermatomes. The current medications included Advil as needed. The diagnostic testing that was performed included Magnetic Resonance Arthrogram (MRA) of the left shoulder, Magnetic Resonance Imaging (MRI) of the lumbar spine and Magnetic Resonance Imaging (MRI) of the cervical spine. The diagnostics are noted in the records. The previous therapy sessions are not noted in the records. The physician requested treatment included an Interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved functional status and exercises not demonstrated here. The Interferential unit is not medically necessary and appropriate.