

Case Number:	CM15-0117364		
Date Assigned:	06/25/2015	Date of Injury:	01/08/2015
Decision Date:	07/27/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/17/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55-year-old male, who sustained an industrial injury on 1/8/2015. He reported neck and left shoulder pain. Diagnoses have included impingement syndrome, traumatic tear of left rotator cuff, neck sprain/strain and bicipital tenosynovitis. Treatment to date has included chiropractic treatment, shoulder injections and medication. According to the most recent progress reports, the injured worker complained of intractable left shoulder pain. The pain radiated to the left upper extremity. A corticosteroid shoulder injection helped for one week, allowing 30% relief, followed by recurrence of symptoms. Left arm paresthesias remained frequent to constant. He could not reach over shoulder level with his left arm. Objective findings noted that left shoulder magnetic resonance imaging (MRI) from 2/2/2015 showed partial thickness tear on the inferior aspect of the mid to anterior supraspinatus tendon. Left shoulder range of motion was very limited, associated with moderate to severe muscular spasm, and guarding. Authorization was requested for an interferential unit with garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) MEDS-4 interferential unit 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 stimulation Page(s): 120.

Decision rationale: The MTUS addresses use of interferential stimulation, stating that it is not recommended as an isolated intervention. Interferential stimulation may possibly appropriate if pain is ineffectively controlled due to diminished effectiveness of medications or pain is ineffectively controlled with medications due to side effects. Additional consideration is appropriate if there is a history of substance abuse or significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or if the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If these 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. A "jacket" or garment should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. Because there has not been a trial without garment and subsequent evidence of inability to place pads alone, the request as initially written cannot be considered medically necessary based on the guidelines.