

Case Number:	CM15-0120888		
Date Assigned:	07/01/2015	Date of Injury:	06/16/2012
Decision Date:	07/30/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 38 year old female who sustained an industrial injury on 6/16/12. Diagnoses are fracture radius head-open, epidondylitis-elbow left, adhesive capsulitis-shoulder, shoulder tendinitis, rotator cuff syndrome- right shoulder. In a pain management consultation and report dated 4/10/15, a treating physician notes complaints of left posterior elbow, right anterior shoulder, right anterior arm, right cervical dorsal, right mid thoracic, right posterior shoulder, upper thoracic right cervical and left cervical pain. Pain is rated as 8/10 and is noticeable approximately 100% of the time. At worst, it is a 10 and at best it is a 7. She notes anxiety and stress and that she feels better with topical compound patches. Exam notes palpable tenderness at the right and left anterior elbow, right supraspinatus, anterior shoulder, posterior deltoid, acromium process and clavicular joint. Speed's test and Codman's test are positive on the right. She has decreased range of motion. She is experiencing a flare up of the right shoulder and left elbow. She is currently pregnant in her 1st trimester. The treatment plan is physiotherapy 2 times a week for 3 weeks for the right shoulder, a home interferential unit for pain control, pre-natal vitamins, Capsacin/Menthol patches, and to continue current work duty with self directed avoidance of above the shoulder activities. Previous treatment includes physical therapy, Capsacin/Menthol Patches, Tramadol, Lidoderm patches, Nexium, and Ibuprofen. The requested treatment is monthly supplies A4595 and interspec inferential unit II E1399.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, monthly supplies are not medically necessary. Interferential unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are fracture radial head - open; epicondylitis left lateral elbow; adhesive capsulitis shoulder; shoulder tendinitis; rotator cuff syndrome right shoulder. The date of injury is June 6, 2012. Subjectively, according to an April 10, 2015 new patient evaluation, the worker has multiple complaints including left elbow pain, right shoulder pain, right cervical pain 8/10 100% of the time. The injured worker received 24 physical therapy sessions. Objectively, there is tenderness to palpation at the shoulder and elbow. The request for authorization requests an interferential stimulator, home unit for chronic pain greater than 90 days. In a separate column the documentation states "initial trial for 60 days". The guidelines recommend a one month trial to permit the physician and physical therapy provided to study the effects and benefits. Additionally, the documentation does not indicate regional body part to apply the IF unit. Absent clinical documentation with a 30 day clinical trial (request for authorization indicates a 60 day initial trial) and the regional body part to apply the IF unit, Interspec Interferential unit (IF) II is not medically necessary. The IF unit is not medically necessary and, as a result, monthly supplies are not medically necessary.

Interspec inferential unit II: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Interspec Interferential unit (IF) II is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are fracture radial head - open; epicondylitis left lateral elbow; adhesive capsulitis shoulder; shoulder tendinitis; rotator cuff syndrome right shoulder. The date of injury is June 6, 2012. Subjectively, according to an April 10, 2015 new patient evaluation, the worker has multiple complaints including left elbow pain, right shoulder pain, right cervical pain 8/10 100% of the time. The injured worker received 24 physical therapy sessions. Objectively, there is tenderness to palpation at the shoulder and elbow. The request for authorization requests an interferential stimulator, home unit for chronic pain greater than 90 days. In a separate column the documentation states "initial trial for 60 days". The guidelines recommend a one month trial to permit the physician and physical therapy provided to study the effects and benefits. Additionally, the documentation does not indicate regional body part to apply the iron unit. Consequently, absent clinical documentation with a 30 day clinical trial (request for authorization indicates a 60 day initial trial) and the regional body part to apply the IF unit, Interspec Interferential unit (IF) II is not medically necessary.