MAXIMUS Federal Services

Case Number:	CM15-0125204		
Date Assigned:	07/09/2015	Date of Injury:	11/11/2014
Decision Date:	08/05/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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:

This is a 39 year old female with a November 11, 2014 date of injury. A progress note dated May 11, 2015 documents subjective complaints (right shoulder, neck, and right wrist pain; pain rated at a level of 5/10 at the least; pain rated at a level of 5/10 on average; pain rated at a level of 4/10 after opioid medications, with relief lasting one hour; side effects from medications including constipation, right flank pain, and stomach burning pain), objective findings (decreased painful range of motion of the right shoulder; positive myospasm of the right superior trapezius and deltoid; wearing right wrist brace; mild right sided abdominal pain; patient is tearful during appointment), and current diagnoses (right upper extremity strain and diffuse myofascial pain, worse; right elbow strain/sprain and myofascial pain, worse; right shoulder strain/sprain and myofascial pain and adhesive capsulitis, worse; cervical strain and myofascial pain, worse; right cervical brachial myofascial pain syndrome, worse; chronic pain syndrome, worse, abdominal pain, constipation, and gastrointestinal upset due to medications, new). Treatments to date have included medications, imaging studies, physical therapy, and acupuncture. The treating physician documented a plan of care that included an interferential unit and garment for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 IF Unit Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF.

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

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one-month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one-month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. In this case, there is no evidence that the injured worker has had a trial with an interferential unit in order to ascertain benefits of I's use. Without a trial with the unit, the request for Meds-4 IF Unit Right Shoulder is determined to not be medically necessary.

Garment for IF Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one-month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one-month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. In this case, there is no evidence that the injured worker has had a trial with an interferential unit in order to ascertain benefits of I's use. Without a trial with the unit, the request for a garment for IF Unit is determined to not be medically necessary.