

Case Number:	CM15-0178640		
Date Assigned:	09/18/2015	Date of Injury:	06/17/2014
Decision Date:	10/26/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/10/2015

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: Indiana, Michigan, California
 Certification(s)/Specialty: Family Practice

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 23 year old male who experienced a work related injury on June 17, 2014. Diagnoses include cervical spine sprain and strain, cervical myofascitis, left shoulder sprain, strain and muscle spasm and cervical and thoracic myalgia. Diagnostics have involved an MRI of the cervical spine showing disc bulge without stenosis and an MRI of the left shoulder revealing minimal osteoarthritis with supraspinatus tendinosis, tendonitis. Treatment consisted of physical therapy, chiropractic care, acupuncture and medications. Request is for IF 4000 unit for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF 4000 unit for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: MTUS guidelines do not recommend Interferential stimulation as an isolated intervention. However, there are selection criteria if Interferential stimulation is to be used anyway. Criteria include pain that is ineffectively controlled, history of substance abuse and unresponsiveness to conservative measures. Record review revealed the criteria was not met and the injured worker showed improvement in pain. Consequently, the request for the IF 4000 unit for the left shoulder is not medically necessary or appropriate.