

Case Number:	CM15-0179521		
Date Assigned:	09/21/2015	Date of Injury:	05/23/2014
Decision Date:	10/23/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/11/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 48 year old female who sustained an industrial injury May 23, 2014. According to a treating physician's progress report dated July 29, 2015, the injured worker presented for re-evaluation with complaints of severe right shoulder pain, rated 9 out of 10 and increased since last visit. She also reported pain in her right 5th finger. She is currently undergoing physiotherapy two times a week for the right shoulder and acupuncture two times a week for the right wrist. Physical examination revealed; 61" and 223.2 pounds; right shoulder-tenderness to palpation at AC (acromioclavicular joint) and positive impingement sign; right hand-5th digit-noted edema to DIP (distal interphalangeal) joint, significant tenderness to palpation at DIP and PIP (proximal interphalangeal), noted deformity on exam, DIP in flexed position most comfortable for injured worker. Diagnoses are shoulder bursitis, shoulder tendinitis, and impingement syndrome of shoulder, rotator cuff tear, right shoulder. Treatment plan included a follow-up with physician for possible right shoulder arthroscopic surgery, and medication to include Naproxen, Norco, and Prilosec. At issue is a request for authorization, dated July 29, 2015, for a home interferential stimulator, initial rental trial of 60 days. An MRI of the right shoulder dated July 29, 2014, (report present in the medical record) impression is documented as tear of the supraspinatus tendon, near the insertion site, with fluid in the subacromial-subdeltoid bursa indicating a full thickness tear; no other abnormalities noted. An MRI of the right hand dated July 29, 2014, (report present in the medical record) impression is documented as degenerative changes of the DIP joints; no other abnormalities noted. According

to Utilization Review dated August 10, 2015, the request for home interferential stimulator (initial rental trial of 60 days) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential stimulator, initial rental trial of 60 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Interferential current stimulation (ICS).

Decision rationale: According to the cited CA MTUS and ODG, interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, which include return to work and exercises, and limited evidence of improvement on those recommended treatments. Furthermore per CA MTUS, ICS may possibly be appropriate for conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine. The criteria include: pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study efficacy and there should be evidence of increased functional improvement, reduced pain, and reduced medication use. In the case of this injured worker, recent treating provider notes from September 9, 2015, state that she has increased pain in her shoulder at 9/10. She has been doing physiotherapy 2/week and has been on Naproxen and Norco, while she is pending a right shoulder arthroscopy referral. From the available notes, it does not appear that she has been unresponsive to all conservative measures, to include a home exercise program. In addition, the request for 60 days of ICS usage exceeds the recommended guideline of 30 days with reevaluation. Therefore, the request for home interferential stimulator (initial rental trial of 60 days) is not medically necessary and appropriate.