

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0179592 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 04/15/2015 |
| Decision Date: | 10/29/2015 | UR Denial Date: | 08/17/2015 |
| 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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on April 15, 2015. She reported injury to the left shoulder. The injured worker was diagnosed as left shoulder strain. On June 16, 2015, the treating physician made a request for an interferential unit. Notes stated that the injured worker trialed other forms of "conservative treatment" including physical therapy and medications but continued to complain of pain with chronic soft tissue inflammation. On July 2, 2015 an MRI of the left shoulder revealed changes compatible with impingement, tendinosis and edema of the rotator cuff with a complete tear beneath the acromioclavicular joint and fluid seen in the glenohumeral joint space and subdeltoid space. On July 28, 2015, the injured worker complained of shoulder pain with weakness and cramping. The pain was described as constant, stabbing, sharp and "severe." The pain was aggravated by repetitive movement such as reaching, pushing, pulling and turning. Medication was noted to provide "relief." Physical examination of the left shoulder revealed tenderness to palpation of the acromioclavicular joint, anterior shoulder and supraspinatus. Left shoulder range of motion was painful at flexion 165 degrees, extension 20 degrees, abduction 80 degrees, adduction 20 degrees, external rotation 90 degrees and internal rotation 80 degrees. The treatment plan included an EMG-NCV of the bilateral upper extremities, acupuncture two times four, medication, physical therapy two times four and a referral for an orthopedic surgical consultation for the left shoulder. On August 17, 2015, utilization review denied a request for an interferential unit 5 months rental. A request for an interferential unit 4 week trial was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit 5 months rental: 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: Based on the 7/22/15 progress report provided by the treating physician, this patient presents with constant, severe, sharp left shoulder pain with weakness/heaviness with pain rated 7/10 on VAS scale. The treater has asked for INTERFERENTIAL UNIT 5 MONTHS RENTAL on 6/16/15. The request for authorization was not included in provided reports. The patient states that the left shoulder pain is aggravated with repetitive movement, reaching, pushing, pulling, and turning per 7/28/15 report. The patient also has depression, anxiety, and irritability per 7/28/15 report. The patient is s/p medication, physical therapy, and acupuncture, which has provided relief per 6/16/15 report. The patient has not yet had a surgical consult per review of reports dated 5/15/15 to 7/28/15. The patient's work status is "remain off work until 9/11/15" per 7/28/15 report. MTUS, Transcutaneous Electronic Therapy Section, Page 118-120, regarding Interferential Current Stimulation (ICS) states: "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following 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: 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 those 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." The treater is requesting an interferential unit for a 5 month rental, "for 30 minutes 3-5 times daily to aid in pain reduction" and "as an adjunct to conservative as part of a functional restoration program designed for the patient" per 6/16/15 report. MTUS guidelines recommend a one-month trial prior to purchase; therefore, the request for a 5-month rental does not meet MTUS guidelines and cannot be substantiated. Therefore, the request IS NOT medically necessary.