

Case Number:	CM15-0035337		
Date Assigned:	03/03/2015	Date of Injury:	11/16/2009
Decision Date:	06/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 44-year-old female, who sustained an industrial injury on 11/16/09. She has reported left shoulder injury. The diagnosis included left shoulder impingement. Treatment to date has included oral medications, physical therapy and home exercise program. Currently, the injured worker complains of post-operative pain of left shoulder and physical therapy helps with range of motion. She also complains of continued worsening of low back pain that increased with sitting, standing, bending and stooping activities; it is decreased with rest, medication and home exercise program. On physical exam, left shoulder revealed healing scars, pain with impingement test and decreased range of motion, lumbar spine revealed tenderness to palpation over the bilateral paravertebral musculature and lumbosacral junction. It is noted the provider states her left shoulder has improved. On 1/27/15 Utilization Review non-certified interferential unit purchase, interferential unit electrodes purchase, interferential unit batteries purchase, interferential unit adhesive removers and S & H, noting the guidelines do not recommend electrical stimulation as an isolated therapeutic modality and there is no documentation of derived functional improvement from previous use or from electrical stimulation under the supervision of a licensed physical therapist. The MTUS, ACOEM Guidelines, was cited. On 2/25/15, the injured worker submitted an application for IMR for review of interferential unit purchase, interferential unit electrodes purchase, interferential unit batteries purchase, interferential unit adhesive removers and S & H.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) unit purchase, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 117-120.

Decision rationale: Per MTUS and ODG guidelines, an Inferential Current Stimulator (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Criteria for use of an ICS include pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, 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.). There was no documentation of the above conditions in the file. Additionally, the request for the ICS stated that the IW had a trial period with improved function, decreased pain and decrease in need for pain medication however; there was no documentation of this in physician or physical therapy notes. The request is not medically necessary.

IF unit electrodes purchase, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 117-120.

Decision rationale: Criteria for use of an ICS include pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, 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.). There was no documentation of the above conditions in the file. Additionally, the request for the ICS stated that the IW had a trial period with improved function, decreased pain and decrease in need for pain medication however; there was no documentation of this in physician or physical therapy notes. As the IW did not meet criteria for approval for the ICS, the subsequent request for supplies is not medically appropriate.

IF unit batteries purchase, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 117-120.

Decision rationale: Criteria for use of an ICS include pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, 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.). There was no documentation of the above conditions in the file. Additionally, the request for the ICS stated that the IW had a trial period with improved function, decreased pain and decrease in need for pain medication however; there was no documentation of this in physician or physical therapy notes. As the IW did not meet criteria for approval for the ICS, the subsequent request for supplies is not medically appropriate.

IF unit adhesive purchase, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 117-120.

Decision rationale: Criteria for use of an ICS include pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, 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.). There was no documentation of the above conditions in the file. Additionally, the request for the ICS stated that the IW had a trial period with improved function, decreased pain and decrease in need for pain medication however; there was no documentation of this in physician or physical therapy notes. As the IW did not meet criteria for approval for the ICS, the subsequent request for supplies is not medically appropriate.

S & H, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 117-120.

Decision rationale: Criteria for use of an ICS include pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, 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.). There was no documentation of the above conditions in the file. Additionally, the request for the ICS stated that the IW had a trial period with improved function, decreased pain and decrease in need for pain medication however; there was no documentation of this in physician or physical therapy notes. As the IW did not meet criteria for approval for the ICS, the subsequent request for supplies is not medically appropriate.