

Case Number:	CM15-0062661		
Date Assigned:	04/08/2015	Date of Injury:	12/23/2003
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/02/2015

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: 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 59-year-old male who sustained a work related injury December 23, 2003. Past history included hypertension and diabetes. According to a primary treating orthopedic physician's progress report, dated March 12, 2015, the injured worker has not been seen by him in the last two years. She is currently collecting Social Security Disability and Long-Term Disability. Historically, she has had two injections in the lateral epicondyle on the left and has avoided interventional treatment otherwise. She has been treated with a small inefficient TENS unit, hot/cold wrap, a neck pillow and collar. A physical examination is not documented. Diagnoses included impingement syndrome of the shoulder on the right; discogenic cervical condition; epicondylitis laterally bilaterally, more on the left than on the right. Treatment plan included requests for authorization for cervical traction unit with air bladder, a four lead TENS unit with conductive garment, medications including LidoPro cream, and blood work by primary care physician yearly.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit or Muscle Stimulator with Conductive Garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy, Interferential current stimulation Page(s): 114-116, 120.

Decision rationale: According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis. In this case, the injured worker is diagnosed with impingement syndrome of the shoulder on the right, discogenic cervical condition and epicondylitis. The injured worker is not diagnosed with conditions that would support a (transcutaneous electrical nerve stimulation) unit. The CA MUTS guidelines state that, interferential may be trialed for one month if pain is ineffectively controlled due to diminished effectiveness of medications, or pain is ineffectively controlled with medications due to side effects; or there is history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The guidelines do not recommend interferential stimulation as an isolated intervention. There is no indication that the injured worker's pain is ineffectively controlled due to diminished effectiveness of medication. There is no indication that the injured worker has significant side effects from medication or a history of substance abuse. The records do not establish that the injured worker has been unresponsive to other conservative measures. The request for: IF Unit or Muscle Stimulator with Conductive Garment is not medically necessary and appropriate.