

Case Number:	CM15-0067150		
Date Assigned:	04/14/2015	Date of Injury:	11/18/2010
Decision Date:	05/13/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on 11/18/10. He reported initial complaints of head, neck and shoulder. The injured worker was diagnosed as having cervical IVD displacement without myelopathy; lumbar IVD displacement without myelopathy; brachial neuritis or radiculitis; neuritis/radiculitis thoracic lumbosacral; shoulder tendinitis; adhesive capsulitis-shoulder; gastroesophageal reflux disease. Treatment to date has included status post arthroscopic right shoulder surgery; failed manipulation under anesthesia; lumbar intervertebral disc disorder with myelopathy; sciatica; status post epidural steroid injections; MRI right shoulder and lumbar spine(1/15/15); physical therapy; medications . Currently, the PR-2 notes dated 3/6/15 indicate the injured worker complains of bilateral anterior/posterior shoulder, headache, cervical, bilateral posterior forearm, posterior elbow, left wrist, posterior hand, bilateral lumbar, bilateral sacroiliac, bilateral buttock, right pelvic, bilateral posterior leg, bilateral posterior knee, bilateral ankle and foot pain. He rates this pain at 6 on a scale of 10 with 10 worst pains at approximately 100% of the time. Recent MRI left shoulder dated 1/15/15 report tendinitis of the rotator cuff with a 3mm oblique linear tear and post-surgical changes with metallic transfixing the humeral head with osteoarthritis of the acromioclavicular joint. The MRI lumbar spine dated 1/15/15 reports mild scoliosis with mild diffuse disc and bony degenerative changes multiple levels and an annular tear with bulge L3-4 through L5-S1. The provider s treatment plan is requesting an Interferential stimulator home unit 60-day trial for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator home unit 60 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENs Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The claimant has a history of a work injury occurring in November 2010 and continues to be treated with complaints of widespread pain. When seen, pain was rated at 6/10. Physical examination findings included right shoulder and cervical and lumbar tenderness with decreased range of motion. Authorization was requested for a home interferential stimulator unit for an initial 60-day trial. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one-month trial. If, after one month there had been benefit, then purchase of a unit would be appropriate and cost effective. In this case, a 60 day trial is being requested which is not medically necessary.