

Case Number:	CM15-0068694		
Date Assigned:	04/16/2015	Date of Injury:	09/20/2010
Decision Date:	05/27/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 43 year old female injured worker suffered an industrial injury on 09/20/2010. The diagnoses included myofascial pain right shoulder, right epicondylitis, right forearm tenosynovitis, right wrist sprain and depression. The injured worker had been treated with medications. On 3/11/2015 the treating provider reported sleep issues, stress, depression anxiety and headaches. There was tenderness of the rotator cuff, elbow and right carpal tunnel. The treatment plan included IF or muscle stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF or muscle stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118 - 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Interferential current stimulation is a type of electrical stimulation treatment for pain. The literature has not shown benefit from this treatment, possibly because of the

limited quality studies available. The MTUS Guidelines support the use of this treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit, medications are causing intolerable side effects, a history of substance abuse limits the treatment options, the pain does not respond to conservative measures, and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. The submitted and reviewed documentation indicated the worker was experiencing depressed mood and pain in the right shoulder, elbow, and wrist. These records reported the worker was engaged in an active conservative management plan, but there was no suggestion of having failed treatment with medications, intolerable negative side effects, or any other related issues. There was no description of the results of a trial with this treatment. In the absence of such evidence, the current request for an interferential or muscle stimulator is not medically necessary.