MAXIMUS Federal Services

Case Number:	CM15-0070034		
Date Assigned:	04/17/2015	Date of Injury:	10/31/2011
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 31 year old female, who sustained an industrial injury on October 31, 2011. The injured worker has been treated for right upper extremity complaints. The diagnoses have included right shoulder impingement syndrome, post-injury depression, history of right carpal and cubital tunnel syndromes and a right shoulder partial-thickness rotator cuff tear. The injured worker was also noted to be status post right carpal and cubital release surgery in 2013. Treatment to date has included medications, radiological studies, a home exercise program, hot and cold treatment and right shoulder surgery on February 26, 2015. Current documentation dated March 4, 2015 notes that the injured worker reported worsening right shoulder pain since her last visit. The pain was described as constant and sharp with associated weakness, numbness and tingling in the right hand. The pain was rated a seven out of ten on the visual analogue scale. Examination of the right shoulder revealed tenderness to palpation of the trapezius muscles and greater tuberosity. Range of motion was noted to be decreased. The treating physician's plan of care included a request for a thirty-day trial of a Meds4-INF stimulator unit with electrodes and the purchase of one conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of Meds4-INF stimulator unit E1300 with electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation.

Decision rationale: Guidelines do not recommend interferential current stimulation as an isolated intervention but may be appropriate in cases where there is diminished effectiveness of medications, pain is uncontrolled due to side effects, there is a history of substance abuse, and there is post operative pain. In this case, surgery had just been performed and there was no evidence of ineffective pain control or lack of response to conservative measures. The request for 30 day trial of Meds4-INF stimulator unit E1300 with electrodes is not medically appropriate and necessary.

1 purchase of conductive garment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation.

Decision rationale: Guidelines state that a conductive garment should not be certified until after the one month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. In this case, the patient has not undergone a one month trial of interferential current stimulation. The request for purchase of one conductive garment is not medically appropriate and necessary.