

Case Number:	CM15-0076001		
Date Assigned:	04/27/2015	Date of Injury:	01/10/2013
Decision Date:	05/29/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/21/2015

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, Indiana, New York
Certification(s)/Specialty: 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 53 year old male, who sustained an industrial injury on January 10, 2013. He reported left shoulder pain. The injured worker was diagnosed as having status post left carpal tunnel release, status post left cubital tunnel release, sprain/strain of the neck, left upper extremity radiculopathy, left shoulder impingement syndrome. Treatment to date has included radiographic imaging, surgical intervention of the left elbow and wrist, physiotherapy, medications and work restrictions. Currently, the injured worker complains of continued left shoulder pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 18, 2015, revealed continued pain with associated symptoms. Evaluation on November 25, 2014, revealed continued pain as noted with associated sleep disruptions and depression. An inferential stimulator home unit was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential stimulator home unit for 60 days trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Inferential unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential stimulator home unit (ICS) for 60-day trial is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work; exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are cervical disorder with myelopathy; periarthritis shoulder; epicondylitis elbow; carpal tunnel syndrome; ulnar nerve lesion, upper limb. A progress note dated March 6, 2015 subjectively states the injured worker has complaints of left anterior shoulder, left posterior shoulder, left anterior wrists, left posterior wrist, left anterior hand, left posterior, left anterior arm, left posterior elbow, left anterior forearm, left posterior forearm, left posterior elbow and left posterior arm pain. Treatment recommendations include an updated MRI of the cervical spine and left shoulder, acupuncture two times per week times three weeks to the cervical spine and left shoulder, and a home interferential unit for chronic pain over 90 days, 60 days rental initial trial. If the patient selection criteria (see guidelines above) are met, a one-month clinical trial is appropriate to permit the physician and physical therapy provider to study the effects and benefits. The treating provider requested a 60-day trial. Additionally, there is no clinical rationale for the Interferential unit use. Consequently, absent clinical documentation with a clinical indication and rationale for the Interferential unit and an improper sixty-day trial request (guidelines recommend a one month trial), Interferential stimulator home unit (ICS) for 60-day trial is not medically necessary.