

Case Number:	CM15-0077911		
Date Assigned:	04/29/2015	Date of Injury:	07/01/2009
Decision Date:	06/01/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 39-year-old man sustained an industrial injury on 7/1/2009. The mechanism of injury is not detailed. There appears to be further injury on 4/26/2013 after a fall while throwing boxes into a dumpster. Evaluations include x-rays of the right knee, left hand and low back. Diagnoses include chronic left shoulder strains and sprains. Treatment has included oral medications and ice. Physician notes dated 1/7/2014 show complaints of pain to the right elbow, left shoulder, and right knee. Recommendations include refer to orthopedics. A follow up note dated 1/22/2014 show complaints of right elbow, knee, and left shoulder pain. The worker was instructed to continue full work duties and transfer care to orthopedics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit (IF) or muscle stimulator: 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 Transcutaneous electrotherapy Page(s): 118-121.

Decision rationale: The injured worker sustained a work related injury on 7/1/2009. The medical records provided indicate the diagnosis of chronic left shoulder strains and sprains. Treatment has included oral medications and ice. The medical records provided for review do not indicate a medical necessity for Interferential unit (IF) or muscle stimulator. The MTUS does not recommend the use of Interferential unit (IF) or muscle stimulator as an isolated mode of treatment; but a one month trial could be used in combination of other modalities that include return to work, exercise and medication, following a documentation of lack of benefit with those measures alone. The medical records available for review do not indicate the other measures have failed. The MTUS Criteria for its use include: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.).