MAXIMUS Federal Services

Case Number:	CM15-0093542		
Date Assigned:	05/19/2015	Date of Injury:	01/26/2015
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/14/2015

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
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 47 year old male, who sustained an industrial injury on 1/26/15. The injured worker has complaints of right shoulder pain. The documentation noted that there is mild right sided residual cervical paraspinal muscle tenderness. The diagnoses have included cervicotrapezial strain, right sided; partial thickness, greater than 50 percent, tear of the supraspinatus tendon with some degree of retraction, right shoulder; severe impingement syndrome, right shoulder and acromioclavicular (AC) joint arthritis, right shoulder. Treatment to date has included magnetic resonance imaging (MRI) of the arthrogram shoulder on 2/6/15 showed moderate grade articular sided partial tear of the anterior distal attachment of the supraspinatus tendon, involving approximately 50 percent of the tendon thickness with 4 millimeter of retraction, no evidence of a full-thickness component; moderate to severe osteoarthritis of the acromioclavicular joint with inferolateral tilt of the lateral acromion increasing the risk for acromial impingement syndrome and degenerative signal of the superior labrum without evidence of displaced tear; physical therapy and anaprox. The request was for AVID interferential unit x 1 month with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

AVID interferential unit x 1 month with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com; Section: Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF unit Page(s): 118-120.

Decision rationale: Regarding the request for interferential unit, the Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is further stipulation that despite poor evidence to support use of this modality, patient selection criteria if interferential stimulation is to be used anyways include: pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment.). The patient has not completed a full course of conservative therapies as a full course of chiropractic manipulation has not taken place yet. In light of the above issues, the currently requested interferential unit is not medically necessary.