

Case Number:	CM15-0094952		
Date Assigned:	05/21/2015	Date of Injury:	11/06/2013
Decision Date:	07/01/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male, who sustained an industrial injury on 11/6/13. The injured worker has complaints of right shoulder pain and neck pain. The diagnoses have included other and unspecified disc disorder, cervical region. Treatment to date has included physical therapy; shoulder surgery in May 2014 with modified Mumford procedure, labral repair and decompression; magnetic resonance imaging (MRI) of the neck showed disc changed at C4- C5 with facet changes at C3-C4 and fusion at C5-C6; second magnetic resonance imaging (MRI) of the neck showed more diseased at C3-C4 showing progression of disease indeed and electromyography studies were negative. The request was for inferential frequency or muscle stimulator with conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential frequency or muscle stimulator with conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 173,203, Chronic Pain Treatment Guidelines Tens Page(s): 68,78,120,604. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: The patient complains of chronic neck and right shoulder pain. The current request is for interferential frequency or muscle stimulator with conductive garment cervical spine. MTUS (p118-120) states Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it was documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Although the patient is reported to experience pain, there is no discussion of specific ineffectiveness of medications, or any specific criteria of unresponsiveness to conservative measures. Documentation to support MTUS criteria have not been established. As such, the recommendation is for denial.