

Case Number:	CM14-0144686		
Date Assigned:	09/12/2014	Date of Injury:	09/05/2012
Decision Date:	10/23/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old female who reported a work related injury on 09/05/2012. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of left shoulder pain, lumbar sprain/strain, and a cervical sprain/strain. The injured worker's surgical history consists of a left shoulder arthroscopy on 03/12/2014. Upon examination on 06/23/2013, the injured worker complained of left shoulder pain, which she noted to be constant, severe, sharp, aching and burning, and throbbing. The injured worker stated she was unable to sleep on her left side. The provider noted crepitus affected the left shoulder, and radiculopathy extending distally into the left upper extremity, extending to the left hand and wrist, edema in her left hand, and numbness, and tingling affecting all digits of the left, minimal use of her upper left extremity, and stiffness in her left shoulder. In regards to her lumbar spine, the injured worker was noted to complain of intermittent pain which was moderate to severe in intensity, and characterized as a dull, aching, and sharp, stabbing pain. Upon physical examination, it was noted that the injured worker had no tenderness to palpation of the cervical spine. Palpations to the shoulders were normal; there was no tenderness noted. The treatment plan consisted of supplies for an IF unit. The rationale for the request was not submitted for review. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplies for IF Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

Decision rationale: The California MTUS states that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercises and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have been evaluated for effectiveness of this treatment have included studies for the low back, jaw pain, soft tissue shoulder pain, cervical neck pain, and postoperative knee pain. In regards to the injured worker, there was evidence of conservative care which consisted of physical therapy. However, the details of the conservative care were not provided for review. Additionally, there is no indication that the pain was ineffectively controlled due to diminished effectiveness of medication due to side effects, history of substance abuse or significant pain postoperatively that limits the ability to perform exercise programs/physical therapy treatment. Furthermore, within the documentation provided for review, there is no mention of an IF unit. As such, the request for Supplies for IF Unit is not medically necessary.