

<b>Case Number:</b>	CM13-0012821		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Occupational Medicine 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 claimant was injured on 06/16/11. An interferential unit has been recommended and is under review. The claimant was diagnosed with shoulder impingement and underwent a right shoulder injection of steroid on 01/08/13. She also had left knee degenerative arthritis and a possible medial meniscal tear. A left knee MRI dated 05/22/13 revealed focal areas of thinning of the retropatellar hyaline cartilage compatible with chondromalacia patella. A right shoulder MRI was unremarkable with a small amount of fluid in the subacromial/subdeltoid bursa compatible with bursitis. On 06/04/13, she saw [REDACTED]. She stated the right shoulder subacromial injection gave her significant complete pain relief for a few weeks and then the symptoms recurred. Surgery was recommended. She had surgery to her shoulder on 07/30/13. An interferential unit was recommended for a one month post-op rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit, right shoulder 1 month rental (postoperative): 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 Stimulation Page(s): 149.

**Decision rationale:** The history and documentation do not objectively support the request for a one month post-op rental of an interferential unit for the right shoulder. The MTUS state "Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique." The MTUS do not support the use of this type of device during postop recovery for pain control. There is no evidence of outlier status. Therefore, the request for Interferential unit, right shoulder 1 month rental (post-operative) is not medically necessary.