

<b>Case Number:</b>	CM13-0013729		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	05/07/2011
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/01/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 is a 56-year-old female who was injured in a work related accident on May 7, 2011. The clinical records available for review include a recent July 29, 2013 operative report indicating the claimant underwent a right shoulder arthroscopy, subacromial decompression, acromioclavicular ligament resection and bursectomy. Postoperative clinical records for review include a September 9, 2013 assessment indicating six weeks following right shoulder procedure, having attended a course of physical therapy. Objective findings show healed arthroscopic portal sites with restricted range of motion to 80 degrees of forward flexion and 60 degrees of abduction. Working assessment was status post shoulder subacromial decompression July 29, 2013 and plan at that time was for ongoing use of physical therapy as well as medications in the form of Prilosec, Medrox ointment and a request for an "orthopedic pillow". At present, there is a request for an interferential device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: interferential device with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 14.

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

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, an interferential stimulator would not be supported. Interferential stimulation is only recommended for use in conjunction with return to work, exercise and medications. Its use in the postoperative setting is not warranted except in situations of significant pain with limited ability to perform exercises in a physical therapy program. The claimant is noted to be tolerating a physical therapy program in the postoperative setting and use of the requested interferential stimulator in this case would not be supported.