

<b>Case Number:</b>	CM14-0004207		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 67-year-old who was reportedly injured on August 24, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated November 22, 2013, indicates that there are ongoing complaints of right shoulder pain. There was a history of a previous right shoulder arthroscopy with subacromial decompression, distal clavicle excision, biceps tenodesis and open repair of a rotator cuff tear performed on February 3, 2012. The physical examination demonstrated tenderness at the acromioclavicular joint of the right shoulder with exquisite tenderness over the anterior lateral aspect of the acromion. There was decreased range of motion with 110 of abduction and 130 of forward flexion. An additional arthroscopy of the right shoulder was recommended. A request had been made for the use of an inferential unit with supplies and was not certified in the pre-authorization process on December 12, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An Interferential (IF) unit with supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 118.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines the use of an inferential stimulator is not recommended unless there is evidence of pain ineffectively controlled by medication, medication side effects, history of substance abuse, significant postoperative pain limiting the ability to perform physical therapy, or the patient is unresponsive to other conservative measures. According to the most recent progress note dated, November 22, 2013, it is unclear if the patient has had recent shoulder surgery or not, nor is there evidence at any of the other previously mentioned criteria. The request for an IF unit with supplies is not medically necessary or appropriate.