

<b>Case Number:</b>	CM14-0113073		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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, has a subspecialty in Pain Management, and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 sustained a work injury on 06/24/13 when, while working as an air-conditioning installer, he was lifting a 100 pound unit and felt pain in the left shoulder. Treatments included physical therapy and activity modification. When he was seen on 11/07/13 he was no longer having any pain and was requesting release to return to work. Physical examination findings included normal shoulder range of motion and strength. Impingement testing was negative. Imaging results were reviewed. He was released for a trial of work. An MRI of the left shoulder on 09/27/13 showed findings of an anterior labral tear. He was seen by the requesting provider on 02/06/14. He was having left shoulder pain radiating into the arm rated at 7/10 with numbness, tingling, and weakness. Physical examination findings included cervical and upper thoracic paraspinal and trapezius muscle tenderness. There was left shoulder and biceps tenderness. There was decreased left shoulder range of motion with positive impingement testing, positive Speeds testing, and pain and popping with crossed adduction. Authorization for shoulder arthroscopy was requested. On 04/10/14 the claimant underwent a left arthroscopic labral repair with rotator cuff debridement and subacromial decompression. Post-operative treatment included postoperative physical therapy and as of 07/02/14 he had completed 15 treatment sessions. He was using a pulley system at home. On 06/26/14 he was having ongoing symptoms. He had left shoulder weakness. Recommendations included completion of physical therapy. A 30 day trial of the requested unit was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment: 30 day trial of MEDS-4 INF Unit with garmet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118, 121.

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

**Decision rationale:** The claimant is more than 1 year status post work-related injury and recently underwent a left shoulder arthroscopic surgery in April 2014. Post-operative treatments have included physical therapy and home exercises. He has ongoing shoulder symptoms and weakness. While not recommended as an isolated intervention a one-month trial of interferential stimulation may be appropriate. Patient selection criteria if is to be used include significant post-operative pain that limits the ability to perform physical therapy treatments or an exercise program. In this case, the claimant is participating in a course of physical therapy and performing home exercises. Use of a garment would require documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. Therefore, the requested 30 day trial of an interferential unit with garment is not medically necessary.