

<b>Case Number:</b>	CM14-0128795		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 32-year-old male whose date of injury was October 3, 2013. He fell off a piece of agricultural equipment which resulted in an injury to his right shoulder and a fracture to the transverse processes of L1-L3. He was treated conservatively with physical therapy and pain medications along with acupuncture. His back improved but the shoulder did not. He underwent an MRI scan of the right shoulder which revealed evidence of a torn labrum and suggested a nerve entrapment of the supra scapular nerve. The injured worker underwent arthroscopic surgery of the right shoulder on July 16 of 2014. Postoperatively, a continuous cold therapy unit and interferential current unit with supplies was ordered. The postoperative exam revealed diminished range of motion of the right shoulder with flexion and abduction limited to 45. Physical therapy was ordered as well postoperatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Current (IFC) unit and supplies:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 118-120.

**Decision rationale:** Interferential units are similar to TENS units in that electrical current is applied across tissue. Interferential units are thought to have a potential advantage in that the current is administered more deeply and not merely across the skin. This is thought to result in muscle relaxation, suppression of pain and acceleration of healing. However, they are 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. These trials failed to show positive results. 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. A variety of different insurance carriers allow for use of these units under certain conditions with the caveat that a trial period first be initiated. If pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this instance, the documentation seems to support that there is markedly reduced range of motion postoperatively. However, the request for the unit was open-ended and not requested as a trial. Therefore, the interferential current unit with supplies is not medically necessary.

**Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (update 12/31/2012), Continuous-flow cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Shoulder>, <Continuous Flow Cryotherapy>

**Decision rationale:** Continuous flow cryotherapy is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating. In this instance, the continuous flow cryotherapy unit was recommended five days postoperatively within open-ended expiration date. Therefore and in view of the above limited time constraints, the cold therapy unit as ordered was not medically necessary.

