MAXIMUS Federal Services

| Case Number: | CM14-0131114 | | |
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| Date Assigned: | 08/20/2014 | Date of Injury: | 04/28/2014 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/15/2014 |

## 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 Internal Medicine and is licensed to practice in Maryland 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 employee was a 63 year old male, who sustained an industrial injury on 04/28/13. He was unloading baggage when he hurt his left shoulder. He was subsequently diagnosed with shoulder and upper arm sprain. His x-ray of shoulder in May 2013 showed mild arthritic changes of the acromioclavicular joint. The MRI of the left shoulder on July 19, 2013 was significant for glenohumeral degeneration, acromioclavicular joint, type II acromion impingement, glenohumeral effusion, biceps tenosynovitis and focal virtually full thickness tear.His medical history included gout, history of prostate cancer and hypertension. He underwent a left shoulder diagnostic arthroscopic surgery with subacromial decompression with rotator cuff repair on August 3, 2013. His other treatment included physical therapy and he was refusing to take medications. The progress note from 04/29/14 was reviewed and his left shoulder pain was slowly improving. Symptoms were noted to be moderate, frequent, and dull and associated with weakness. He was reported to have completed 18 of 20 physical therapy visits and he was advised to continue home exercises. He was again seen on 06/11/14.which he reported left shoulder pain with push and pull, as well as weakness, he had increased pain with gripping. Objective findings included: left shoulder limited range of motion, tenderness over AC joint region, positive Yergason's test and increased pain with cross arm testing. Diagnostic ultrasound in May 2014, showed biceps tendonitis, capsulitis and posterior labrum tear. A request was sent for left shoulder MR arthrogram to evaluate the extent of posterior labrum tear. He would consider surgery if indicated and an ice pack was recommended to be used. Interferential stimulator unit was requested to be used with home exercise program. His diagnoses included rotator cuff syndrome of shoulder and allied disorders, sprains and strains of shoulder and upper arm and tenosynovitis of hand and wrist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Month Rental of IF (Interferential Unit) and Supplies to Include 32 Adhesive Remover Towels, 8 Electrode Pack, 24 Power Pack Batteries, and 1 Lead Wire Pack:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 119-120.

**Decision rationale:** The employee had shoulder injury from an injustrial injury. His treatment included Physical therapy, prior arthroscopic surgery and home exercise program. His symptoms were left shoulder pain that increased with gripping. His shoulder ultrasound showed posterior labrum tear, paralabral cyst, bursitis, capsulitis and intact distal supraspinatus repair. A request was sent for interferential current stimulator unit rental for 2 months and supplies. According to the Chronic Pain Guidelines, interferential stimulator would be appropriate in individuals who have ongoing pain despite analgesic medications, a history of substance abuse that would make use of medications unwise and/or history of medication side effects that led to poor pain control. The medical records reviewed show no evidence of substance abuse, no ongoing analgesic usage and ongoing work up for labral tear. According to the guidelines, interferential therapy is not recommended for shoulder disorders and labral tear. The records reviewed lack documentation of exceptional factors for the employee to get the interferential current stimulator outside of the guidelines. The request for interferential unit and supplies for 2 months is not medically necessary or appropriate.