

<b>Case Number:</b>	CM14-0137969		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/19/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Interventional Spine 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 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 patient is a 48-year-old female with a date of injury of 08/19/2000. The listed diagnoses per [REDACTED] are: 1. Shoulder sprain/strain. 2. Rotator cuff syndrome. 3. Cervicalgia. 4. Cervical disk syndrome. 5. Right carpal tunnel release. 6. Arthroscopy, right shoulder surgery, 06/19/2014. According to progress report 06/30/2014, the patient is status post arthroscopy of the right shoulder on 06/19/2014 and continues with pain and loss of range of motion. There is no further reporting in the objective finding section. Certificate of medical necessity from 06/30/2014 requested 1-month trial of IF unit with supplies, hot/cold compression unit and purchase of pad/wrap. Utilization review denied the request on 07/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month trial of IF unit with supplies (electrodes, batteries, set up and delivery):**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Transcutaneous electrot. Decision based on Non-MTUS Citation ACOEM Guidelines; Transcutaneous electrotherapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** This patient is status post right shoulder surgery on 06/19/2014. The treating physician is requesting a 1-month trial of an interferential unit with supplies including electrodes, batteries, setup and delivery. Utilization review denied the request, but does not discuss the prior right shoulder surgery. The MTUS Guidelines page 118 to 120 states interferential current stimulation is 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 the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." In this case, the treating physician is requesting a 1 month trial for patient's post-operative shoulder pain. This request is medically necessary.

**Purchase of ARS hot/cold compression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Transcutaneous electrot. Decision based on Non-MTUS Citation ACOEM Guidelines; Transcutaneous electrotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) continuous-flow cryotherapy

**Decision rationale:** This patient is status post right shoulder arthroscopic surgery on 06/19/2014. The treating physician is requesting an ARS hot/cold compression unit and purchase of pad/wrap. The MTUS and ACOEM guidelines do not discuss Cold/hot Therapy units specifically. However, the ODG has the following regarding continuous-flow cryotherapy: "Recommended as an option after 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 (e.g., muscle strains and contusions) has not been fully evaluated." The MTUS Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. The use of the cold therapy unit outside of the postoperative 7 days is not medically necessary, and given there are no discussions on the duration of use, request is not medically necessary.

**Purchase of Pad/wrap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Transcutaneous electrot. Decision based on Non-MTUS Citation ACOEM Guidelines; Transcutaneous electrotherapy

**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:** This patient is status post right shoulder arthroscopic surgery on 06/19/2014. The treating physician is requesting an ARS hot/cold compression unit and purchase of pad/wrap. The MTUS and ACOEM guidelines do not discuss Cold/hot Therapy units specifically. However, the ODG has the following regarding continuous-flow cryotherapy: "Recommended as an option after 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." The MTUS Guideline recommends the duration of postoperative use of continuous-flow cryotherapy to be 7 days. The use of the cold therapy unit outside of the postoperative 7 days is not medically necessary, and given there are no discussions on the duration of use, request is not medically necessary.