

<b>Case Number:</b>	CM14-0025571		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 & Rehabilitation, 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:

Patient is a 33-year-old male who has submitted a claim for Cervical strain; Cervical spondylosis C5-6 with bilateral foraminal stenosis, status post anterior cervical discectomy and fusion at C5-6 (10/23/12); right shoulder strain; right shoulder impingement; right biceps tenosynovitis; supraspinatus and subscapularis tendinosis, right shoulder, status post right shoulder arthroscopic debridement, subacromial decompression, distal clavicle excision, rotator cuff repair, biceps sheath release and tenodesis (09/13/13); moderate to severe right acromioclavicular arthritis; superior labrum tear, right shoulder; moderate chronic right C6 radiculopathy; mild right carpal tunnel syndrome; and, left ulnar neuropathy at the elbow and wrist, associated with an industrial injury date of 01/13/12. Medical records from 2013 to 2014 were reviewed. Patient apparently sustained an injury while working in his capacity as a brick mason. Patient was building a wall when he felt shooting pain in the right shoulder radiating to the neck. Patient was given NSAIDs but was unable to tolerate it. Patient then underwent surgeries for his right shoulder and his neck. However, there was still persistence of pain. 01/13/14 progress report notes that patient had complaint of a dull right shoulder and neck pain rated 3/5 in severity especially with extremes of motion, with reduction of the snapping sensation he described prior. On physical examination, there was slight tenderness of the biceps tendon and improved ROM of the right elbow, wrist, fingers and shoulder. Motor and sensory examination was normal. The plan was to hold off on post-operative PT and to continue follow-up. Treatment to date has included ESI, Chiropractic therapy, Physical therapy, surgery and medications (Celebrex, Percocet and Vistaril). Utilization review date of 02/19/14 denied the request for an interferential unit and 3 month supplies because, although the patient may benefit from its use, a trial of one month IF use should first be given prior to purchase of a unit good for 3 months use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexwave IF Unit & supplies for 3 months:** 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 Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** Page 118-120 of CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial of the IF unit may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, in patients with a history of substance abuse, in the presence of significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or if the condition is unresponsive to conservative measures. In this case, there is no documentation regarding failure of pain medications, although reported neck pain does hinder him from performing physical therapy. There was no documented history of substance abuse. Patient is post-operative right shoulder arthroscopy. There was mention of a favorable response to previous interferential unit use; however, there was no objective documentation to support this in the submitted records for review. Therefore, the request for Nexwave IF Unit & supplies for 3 months is not medically necessary.