

<b>Case Number:</b>	CM14-0029700		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 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 60-year-old male with a date of injury of 10/26/2011. The listed diagnoses per [REDACTED] are Status post right shoulder injury with diagnostic arthropathy on 02/03/2012; Significant right shoulder residuals following surgery; Depression secondary to industrial injury and chronic pain; History of hearing loss and tinnitus secondary to acetaminophen; Status post abdominal surgery secondary to ruptured appendix complicated with infection in February 2014 (nonindustrial). According to a progress report dated 02/27/2014, the patient presents with neck and right shoulder pain. The pain radiates down into the upper extremity but the patient denies any numbness or tingling. It was noted the patient underwent right shoulder surgery on 02/03/2012 and has undergone extensive conservative treatments. On 01/14/2014, the patient reported persistent throbbing pain in the right shoulder radiating into the right arm. The patient's current medication regimen includes tramadol, oxycodone, and Valium. The 102 page medical file provides no discussion of the requested interferential unit and electrodes for the right shoulder. Utilization review denied the request on 03/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit and Electrodes for the Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** 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." For indications, the MTUS Chronic Pain Guidelines mentions intolerability to meds, post-operative pain, history substance abuse, etc. For these indications, a one-month trial is then recommended. In this case, the treater's request lacks duration and time-frame and a home purchase of the unit is not recommended until a successful home trial for a month. As such, the request is not medically necessary and appropriate.