

<b>Case Number:</b>	CM14-0031503		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of December 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the injured shoulder of March 18, 2014, notable for an intact rotator cuff with Hill-Sachs fracture deformity of the humeral head; attorney representation; muscle relaxants; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report of December 3, 2013, the claims administrator denied a request for a meds-4 electrical stimulator device three-month rental. The applicant's attorney subsequently appealed. A March 18, 2014 progress note is notable for comments that the applicant underwent shoulder corticosteroid injection therapy. The applicant was described as using Tramadol, Fexmid, and Naprosyn at that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS -4 STIM UNIT LEFT SHOULDER FOR 3 MONTHS HOME USE/ RENTAL QTY: 3.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** According to the MTUS/ACOEM Guidelines, TENS therapy is not supported by high-quality medical studies but can be useful in the initial conservative management of acute shoulder symptoms. In this case, however, the attending provider did not clearly state how or why the proposed multimodality device was intended. The documentation on file was sparse, handwritten, not entirely legible, and difficult to follow. No compelling case for usage of the multimodality electrical stimulation device was made. It is further noted that several of the modalities in the device carry unfavorable recommendations in the Third Edition ACOEM Guidelines. Specifically, the Third Edition ACOEM Guidelines Shoulder Chapter 6 state that interferential therapy is not recommended for rotator cuff tendinopathies and that high-voltage galvanic stimulation, another component in the device, is likewise not recommended. It is further noted that the attending provider has not proffered any applicant-specific rationale, narrative, or commentary which might offset the unfavorable ACOEM recommendations. Therefore, the request for MEDS -4 Stim Unit for the left shoulder for 3 months home use/ rental, quantity 3 is not medically necessary and appropriate.