

<b>Case Number:</b>	CM14-0034679		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 injured worker is a 64-year-old female who reported an injury on 09/05/2012, with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 02/04/2014, the injured worker complained of left elbow pain that was increased with cold and activity; and left shoulder pain. It was annotated that the injured worker reported 50% to 60% improvement of pain with 16 visits of acupuncture and a previous 12 visits of chiropractic therapy with continued local neck pain resolved and occurring seldom. Prior treatments included acupuncture, chiropractic therapy, and pain medications. The physical examination of the right shoulder revealed tenderness to palpation of the biceps, with a positive Speed's test. A positive impingement test was also noted. The active range of motion revealed pain at greater than 90 degrees with abduction and flexion, and internal rotation. The cervical spine physical examination revealed mild local pain with active range of motion decreased with lateral bend bilaterally and with flexion. The diagnosis included cervical spine sprain/strain with spondylolisthesis, right shoulder sprain/strain with impingement/adhesive capsulitis, with supraspinatus tendonitis, right elbow lateral epicondylitis, right thumb base/OA, and left shoulder resolved. The treatment plan included a request for right shoulder subacromial injection under ultrasound guidance due to MRI showing positive tendinosis and the physical exam being positive for symptoms of impingement, a continuation of home exercises and over-the-counter Tylenol as needed for pain. The Request for Authorization for interferential stimulator for home use, subacromial injection under ultrasound guidance for the right shoulder was submitted on 02/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential stimulator for home use: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Interferential Current Stimulation (ICS).

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

**Decision rationale:** The request for interferential stimulator for home use is not medically necessary. The California MTUS Guidelines state that interferential current stimulation (ICS) 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 criteria for use of ICS includes pain is ineffectively controlled due to diminished effectiveness in medications or pain is ineffectively controlled with medications due to side effects or history of substance abuse, or significant pain from postoperative conditions limits the ability to perform exercise/physical therapy, or unresponsive to conservative measures. If those criteria are met, then a 1-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. In the clinical notes provided for review it is annotated that the injured worker has reported an increase of improvement of 60% with acupuncture and chiropractic therapy. However, there is a lack of documentation of the injured worker participating in a home exercise program and other conservative modalities and their efficacies. There is also a lack of documentation of the injured workers pain level status with the efficacy and frequency of the injured worker's prescribed pain medications. Furthermore, the guidelines state that interferential current stimulation (ICS) is only recommended if the injured worker's pain is ineffectively controlled due to diminished effectiveness of medications or side effects. Therefore, the request for interferential stimulator for home use is not medically necessary.

**Subacromial injection right shoulder under ultrasound guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)TWC Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** The request for subacromial injection, right shoulder, under ultrasound guidance is not medically necessary. The CA MTUS/ACOEM Guidelines state that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of anesthetic and a corticosteroid may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for 2 to 3 weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to 3 per episode, allowing for assessment of benefit between injections. In the

clinical notes provided for review, it is indicated that the injured worker reported 60% improvement in pain with acupuncture and previous visits of chiropractic therapy. However, there is a lack of documentation of the injured worker's pain level status and use of pain medications and their efficacies. Furthermore, the guidelines state that corticosteroid preparation may be indicated after conservative therapy has not been effective after 2 to 3 weeks. Therefore, the request for subacromial injection to the right shoulder under ultrasound guidance is not medically necessary.