

<b>Case Number:</b>	CM14-0039695		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 58 year old female who sustained an injury to her left shoulder on 11/02/11. The mechanism of injury was not documented. MRI of the left shoulder dated 12/23/13 revealed acromion flat and laterally downsloping; osteoarthritis of the acromioclavicular joint; tendinosis of the supraspinatus; partial intrasubstance tear of the infraspinatus; tenosynovitis of the vertical biceps; effusion of the synovium; subacromial/subdeltoid bursitis. Treatment to date has included five visits of chiropractic treatment and four visits of acupuncture therapy. The injured worker stated that she has better range of motion compared to previous visits with better mobility, although still restricted with pain. Physical examination of the left shoulder revealed tenderness over the acromioclavicular joint and rotator cuff; drop arm test and Hawkins' test equivocal; range of motion moderately restricted due to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential-4 unit (IF):** 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 Interferential Current Stimulation (ICS) page(s) 118-20 Page(s): 118-120.

**Decision rationale:** The request for an interferential-4 unit (IF) is not medically necessary. The previous request was partially certified for a one month rental of the unit. It was noted that the rental would be reasonable to enable the provider to assess the efficacy of this durable medical equipment at decreasing visual analogue scale (VAS) pain score and improving function. The guidelines indicate that interferential-4 unit can be trialed if the injured worker has side effects from medication or has suboptimal response to medication. In this case setting, the injured worker experienced gastritis with stomach upset using medications and a one month trial with the interferential-4 unit to assess its efficacy in improving function and decreasing pain scores will be reasonable. After reviewing the submitted documentation, there was no additional significant objective clinical information that would support reversing the previous adverse determination. Given this, the request for an interferential-4 unit (IF) is not indicated as medically necessary.