

<b>Case Number:</b>	CM14-0066021		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 58 year old female who sustained a vocational injury on 11/4/11. A left shoulder rotator cuff repair has been authorized as of 4/18/14. This request is for an inferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF (Interferential) unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117; 118-120.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines state that the use of an interferential units is reasonable if there is documentation that the pain is ineffectively controlled due to diminished effect of his medications or pain is ineffectively controlled by medications due to side effects, where there is a history of substance abuse or there is significant pain from postoperative conditions which limit the ability to perform exercise programs/physical therapy treatment or documentation supports the claimant has been unresponsive to conservative

measures. The medical records provided for review do not indicate any of the documentation suggesting that the claimant meets criteria set forth by the California MTUS Chronic Pain Guidelines. Therefore, the claimant does not meet the Chronic Pain Guidelines and the interferential unit cannot be considered medically necessary and appropriate.

**Pain Pump:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter, Postoperative pain pump.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines do not recommend the use of post-operative pain pumps as medically necessary as three moderate quality rotator cuff trials did not support the use of pain pumps following surgical intervention for shoulder pathology. Therefore, based on the documentation presented for review and in accordance with Official Disability Guidelines, the request for the pain pump cannot be considered medically necessary.