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| Case Number: | CM14-0186628 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 03/23/2014 |
| Decision Date: | 01/05/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old female who was injured on 3/23/2014 after a 20 pound box fell on her shoulder and upper back. She was diagnosed with left trapezius strain, left shoulder strain and rotator cuff tear, and neck/face/scalp contusions. She was treated with left shoulder arthroscopy/rotator cuff repair (10/23/14), home exercises, physical therapy, and medication. Prior to the recent surgery (9/10/14) a progress note by the surgeon stated that the worker would complete physical therapy following the procedure. On the day of the surgery, the surgeon requested use of interferential unit to help her recover quicker. She was also prescribed medications for post-operation pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

█ - 4 INF unit with garment for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Page(s): 188-120.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be

considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, there was planned physical therapy and medications to follow the surgery and prior to allowing to observe the recovery rate with these modalities, the interferential unit was prescribed on the day of the surgery. Also, the interferential unit did not specify whether this was a rental or for purchase, but since the rental duration was not included, it will be considered a request for purchase which would also not be appropriate. Therefore, the request for Interferential Unit is not medically necessary.