

<b>Case Number:</b>	CM15-0013552		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 46-year-old female, who sustained an industrial injury on May 11, 2011. The diagnosis is not provided in physicians records. Treatment to date has included X-rays of bilateral shoulders and bilateral humerus showing no increase of osteoarthritis. Currently, the injured worker complains of bilateral shoulder pain and cervical pain. In a progress note dated December 1, 2015, the treating provider reports weak bilaterally in the internal and external rotation and decreased range of motion bilateral shoulders. On January 8, 2015 Utilization Review non-certified an IF unit and supplies 30-60 days rental and purchase for bilateral shoulders, noting, Medical Treatment Utilization Schedule Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Current Stimulation unit and supplies, 30-60 days rental and purchase for bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): (s) 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 118-120.

**Decision rationale:** CA MTUS does not recommend the use of an Inferential Current Stimulation (ICS) as an isolated intervention. There is limited evidence for its effectiveness when combined with other interventions such as return to work, exercise and medications. Trials have been performed on neck, shoulder, jaw, knee and low back pain. ICS may be possibly appropriate for the following conditions: Pain is ineffectively controlled due to diminished effectiveness of medications; Pain is ineffectively controlled with medications due to side effects; History of substance abuse; Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case there is no documentation that there are limiting side effects of medication, that there is limited efficacy of medication, that pain does not respond to conservative measures or that there is any history of substance abuse. The claimant has been able to participate in physical therapy. As such, the claimant meets none of the conditions for which coverage of ICS may be considered and ICS is not medically necessary. I am upholding the original UR decision.