

<b>Case Number:</b>	CM15-0130798		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Arizona, California  
 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:

This injured worker is a 52 year old female who reported an industrial injury on 6/28/2013. Her diagnoses, and or impression, were noted to include: chronic right shoulder impingement syndrome with severe right joint degenerative joint disease and SLAP tear; partial thickness bursal right shoulder rotator cuff tear; right shoulder adhesive capsulitis; and status-post arthroscopic right shoulder decompression and debridement surgery, with Mumford procedure, of the right shoulder on 6/17/2015; medication management; and rest from work. No current imaging studies were noted. Her treatments were noted to include lumbosacral epidural steroid injections; right shoulder surgery on 6/17/15; medication management; and rest from work. The progress notes of 2/18/2015 noted to be a follow-up visit with no right shoulder complaints. Objective findings were noted to include positive impingement of the right shoulder. The physician's requests for treatments were noted to include that she needed right shoulder surgery. No progress notes provided noted the recommendation for the rental of a post-operative interferential unit with supplies, for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative interferential unit, three month rental, with two lead wires, four electrodes, twelve batteries and sixteen adhesive removers, for the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines IF unit Page(s): 118.

**Decision rationale:** According to the guidelines an IF unit 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 randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. In this case, the request for an IF unit or plan for concurrent exercise was not provided. Response to short-term use is not known to justify 3 month use. The request for 3 month rental of an IF unit is not medically necessary.