

<b>Case Number:</b>	CM15-0130877		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/03/2015
<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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 23-year-old male who sustained an industrial injury on 03-05-2013. Mechanism of injury was repetitive activities, sanding parts. Diagnoses include shoulder strain an impingement. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, right shoulder surgery on 12-12-2013, and left shoulder surgery on 07-07-2014. He has returned to full work. A physician progress note a dated 05-18-2015 document the injured worker has complaints of continued complains of chronic soft tissue pain. The request for an IF unit was made with no documentation of the injured workers examination. On 05-30- 2015 a physician progress report documents the injured worker has bilateral shoulder pain right worse than left. Pain is increased with lifting, pushing, pulling and reaching. Both shoulders have mild swelling, with a positive Neer test. Bilateral Motor strength is 5-5. There is tenderness to the SST, acromioclavicular joints, deltoids and greater tuberosity. Treatment requested is for durable medical equipment (DME): IF unit rental for 5 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME): IF unit rental for 5 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

**Decision rationale:** According to MTUS guidelines, "Interferential Current Stimulation (ICS) 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. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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.). In this case, there is no clear documentation of failure of pharmacological treatments or TENS therapy. In addition, there is no clear evidence that the prescription of interferential stimulator is in conjunction with other intervention. Therefore, the prescription of IF unit rental is not medically necessary.