

<b>Case Number:</b>	CM15-0138984		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old female who sustained an industrial injury on 07-15-13. Initial complaints and diagnoses are not available. Treatments to date include medications, right shoulder rotator cuff surgery, and physical therapy. Diagnostic studies include multiple MRIs. Current complaints include right shoulder pain. Current diagnoses include failed rotator cuff surgery, and right elbow epicondylitis. In a progress note dated 06-03-15 the treating provider reports the plan of care as right shoulder surgery, preoperative and post-operative medications. The requested treatments include an interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME interferential unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** The claimant sustained a work injury in July 2013 and continues to be treated for right shoulder pain and has a history of right shoulder surgery with an open repair of a full thickness rotator cuff tear in April 2014. When seen, there was decreased shoulder range of motion with positive impingement testing. Revision rotator cuff surgery was planned. Authorization was requested for an interferential unit. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. In this case, the claimant had not undergone the planned surgery and there would therefore have been no failure of conservative treatments. Requesting an interferential unit prior to surgery was not medically necessary.