MAXIMUS Federal Services

Case Number:	CM15-0144665		
Date Assigned:	08/05/2015	Date of Injury:	06/01/2012
Decision Date:	09/02/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/27/2015

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
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 49-year-old male, who sustained an industrial injury on 6-01-2012, due to repetitive use of the upper extremities. The injured worker was diagnosed as having other specified disorders of bursae and tendons in shoulder region and pain in joint, shoulder region. Treatment to date has included diagnostics, splinting, modified work, right carpal tunnel surgery 4-2013, and medications. Currently (6-11-2015), the injured worker complains of right shoulder pain, rated 5 out of 10 and unchanged. He also reported no changes to the bilateral elbows and numbness of the bilateral upper extremities. X-rays of the right shoulder, right humerus, bilateral elbows, bilateral forearms, bilateral hands, and bilateral wrists were reviewed and showed no evidence of increased osteoarthritis. He was administered an ultrasound guided injection to the right shoulder. The treatment plan included physical therapy and an interferential (IF) unit and supplies, 30-60 day rental and purchase. The rationale for the IF unit was to manage pain and reduced medication usage. Previous use of an IF unit was not noted. Current medication regimen was not noted. Work status was returned to full duty as of 6-12-2015, without limitations or restrictions. A Qualified Medical Evaluation (5-27-2015) noted that he was not permanent and stationary and had not reached maximal medical improvement. Additional medical records for review would be needed before opinions on current and future medical treatment were rendered.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit and supplies 30-60 day rental and purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferention current stimulation (ICS) Page(s): 55.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential therapy Page(s): 118-119.

Decision rationale: The California medical treatment guidelines section on ICS therapy states: 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. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. Two recent randomized double-blind controlled trials suggested that ICS and horizontal therapy (HT) were effective in alleviating pain and disability in patients with chronic low back pain compared to placebo at 14 weeks, but not at 2 weeks. The placebo effect was remarkable at the beginning of the treatment but it tended to vanish within a couple of weeks. The studies suggested that their main limitation was the heterogeneity of the low back pain subjects, with the interventions performing much better for back pain due to previous multiple vertebral osteoporotic fractures, and further studies are necessary to determine effectiveness in low back pain from other causes. (Zambito, 2006) (Zambito, 2007) A recent industry-sponsored study in the Knee Chapter concluded that interferential current therapy and patterned muscle stimulation (using the RS-4i Stimulator) has the potential to be a more effective treatment modality than conventional low-current TENS for osteoarthritis of the knee. (Burch, 2008) This recent RCT found that either electroacupuncture or interferential electrotherapy, in combination with shoulder exercises, is equally effective in treating frozen shoulder patients. It should be noted that this study only showed the combined treatment effects with exercise as compared to no treatment, so the entire positive effect could have been due to the use of exercise alone. (Cheing, 2008) See also Sympathetic therapy. See also TENS, chronic pain. 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; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or 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. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The criteria as set forth above per the California MTUS have not been met in the provided clinical documentation for review. In addition, ICS is only initially approved for a one-month trial period. Therefore, the request is not medically necessary.