

<b>Case Number:</b>	CM15-0181892		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58-year-old female who sustained an injury on 9-26-12 resulting from cumulative trauma. A review of the medial records indicate the diagnoses are left shoulder sprain, strain, subacromial impingement; acromioclavicular degenerative joint disease; and 75% partial supraspinatus tear per the diagnostic ultrasound on 10-8-14. She continued to complain of left shoulder pain with weakness and completed 12 chiropractic sessions. Range of motion was limited on 6-19-15; bilateral wrist examination revealed tenderness over the flexor tendon, bilaterally and over the dorsal capsules. She was advised to continue home exercise program and interferential current therapy. Left shoulder arthroscopy, subacromial decompression, distal clavicle resection and rotator cuff debridement versus repair was requested. The progress report on 7-22-15 indicates she has utilized the interferential stimulator during the initial trial period and has benefitted from daily use of the medical device with improved function, decreased pain and reduction of need for pain medications. The purchase of the device will provide her a self-management modality to control pain, spasm, promote-active exercise, rehabilitation program, improve functional capacity and activities of daily living. She has been reducing pain medications and had used the interferential stimulator unit in the past and had good results. The objective findings are tenderness to palpation left shoulder with abduction and flexion results. Musculoskeletal joint pain, muscle spasms and numbness were noted. Several sections of the report were handwritten and difficult to read. Current requested treatments interferential home unit, left shoulder #1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential home unit, left shoulder #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Interferential home unit, left shoulder #1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential 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. Additionally, the MTUS guidelines states that an interferential unit requires a one-month trial 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. The MTUS states that while not recommended as an isolated intervention an interferential unit can be considered if pain is ineffectively controlled due to diminished effectiveness of medications. The documentation does not indicate significant objective evidence of increased function attributable to prior IFC use therefore this request is not medically necessary.