

<b>Case Number:</b>	CM15-0190076		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 45 year old female sustained an industrial injury on 8-20-13. Documentation indicated that the injured worker was receiving treatment for left shoulder and left elbow sprain and strain. Previous treatment included physical therapy, injections and medications. In a PR-2 dated 4-23-15, the physician stated that the injured worker had been seen by an orthopedic physician with recommendation for surgery. The injured worker wanted to think about it and complete physical therapy. In a Pr-2 dated 6-2-15, the injured worker complained of persistent moderate left shoulder pain as well as improving left elbow pain. The physician recommended left shoulder arthroscopic acromioplasty and distal clavicle resection. In a PR-2 dated 6-4-15, the injured worker complained of ongoing pain to the left arm and shoulder, rated 4 out of 10 on the visual analog scale. Physical exam was remarkable for left shoulder with tenderness to palpation, "decreased" range of motion and strength and positive impingement with flexion 140 degrees, extension 40 degrees, abduction 120 degrees and adduction 40 degrees. The treatment plan included medications (Naproxen Sodium and Protonix), acupuncture three times a week for two weeks and an interferential and hot and cold unit. In an orthopedic reevaluation dated 8-18-15, the injured worker complained of persistent left shoulder pain rated 4 to 7 out of 10 and continually improving left elbow pain rated 3 out of 10. Physical exam was remarkable for left shoulder with tenderness to palpation, flexion and abduction 150 degrees. Requests for left shoulder surgery had been denied. On 8-24-15, a request for authorization was submitted for converting the interferential unit to purchase. On 8-26-15, Utilization Review noncertified a request for interferential unit (convert to purchase).

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**IF (interferential frequency) unit, convert to purchase:** 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:** 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 therapeutic response and length of prior IF unit use is unknown. It has been reviewed for post operative knee pain but not elbow and shoulder pain. The request for IF unit indefinite use and purchase is not justified and not medically necessary.