

<b>Case Number:</b>	CM15-0196734		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/12/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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:

The injured worker is a 34 year old female, who sustained an industrial-work injury on 1-12- 15. She reported initial complaints of left shoulder pain. The injured worker was diagnosed as having bilateral shoulder impingement syndrome, AC (acromioclavicular) joint cartilage disorder, subacromial bursitis, partial tear of rotator cuff, tendonitis, adhesive capsulitis, shoulder adhesions, and shoulder pain. Treatment to date has included medication, physical therapy, activity modification, and subacromial corticosteroid injection. MRI results were reported on 6-2-15 of the left shoulder documented fracture of the acromioclavicular joint with surrounding bone contusion and marked increased fluid in the adjacent soft tissue with acute grade II sprains-partial tears of the superior and inferior AC (acromioclavicular) ligaments, diffuse rotator cuff tendinosis with no evidence of tear. Currently, the injured worker complains of left shoulder pain rated 7 out of 10 and aggravation of the shoulder after the corticosteroid injection with swelling and increased pain. Conservative measures were not helpful. Per the secondary physician's orthopedic evaluation on 9-10-15, exam noted decreased range of motion, tenderness with palpation over the acromioclavicular joint space and the subacromial space, positive Neer's and Hawkin's-Kennedy signs, cross arm test was positive. Current plan of care includes physical therapy and medication. The Request for Authorization requested service to include Interferential Current unit, rental, unspecified days. The Utilization Review on 9-24-15 denied the request for Interferential Current unit, rental, unspecified days, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009 and Official

Disability Guidelines: Pain (Chronic), Interferential Current Stimulation (ICS); Official Disability Guidelines: Shoulder (Acute & Chronic), Interferential Current Stimulation (ICS).

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

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

**Interferential Current unit, rental, unspecified days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Interferential Current Stimulation (ICS); Official Disability Guidelines: Shoulder (Acute & Chronic) - Interferential Current Stimulation (ICS).

**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 claimant was also advised to do physical and exercise therapy. There were orders for shoulder manipulation under anesthesia. Although the IF unit may be used after surgery, length of use, details of applications and frequency were not provided. As a result, the request is not medically necessary.