

<b>Case Number:</b>	CM15-0199339		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 62 year old female, who sustained an industrial injury on 2-6-2012. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder with early adhesive capsulitis and cervical spine radiculopathy. On 7-17-2015, the injured worker reported activity dependent left shoulder pain, working with the pain and discomfort, rated as 5-7 out of 10. The Primary Treating Physician's report dated 7-17-2015, noted the physical examination showed tenderness to palpation of the left shoulder at the AC joint with painful restricted range of motion (ROM). Prior treatments have included physical therapy, left shoulder Cortisone injections, and medications including Omeprazole, Ketoprofen, Medrox patch, Orphenadrine, and Tramadol. The treatment plan was noted to include topical compounds-creams to decrease the use of oral prescription medications, Terocin patches, continued home exercise program (HEP), home shoulder exercise kit, and interferential unit for one-month trial. The injured worker's work status was noted to be modified work with restrictions. The request for authorization dated 7-17-2015, requested a shoulder exercise kit and an interferential unit rental x1 month with supplies. The Utilization Review (UR) dated 9-14- 2015, non-certified the request for a shoulder exercise kit and an interferential unit rental x1 month with supplies.

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

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

**Shoulder exercise kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter and pg Knee chapter and pg21.

**Decision rationale:** According to the guidelines, exercise is recommended but there is limited evidence in favor of ergonomic interventions. Home exercise kits are not considered DME. The claimant has undergone physical therapy and home exercises can be performed with range of motion and self-weight based resistance. The request for an exercise kit is not medically necessary.

**Interferential unit rental x1 month with supplies:** Overturned

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

**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 is undergoing exercise, therapy and using medications. Despite multiple interventions, there is persistent pain and reduced functionality of the shoulder. The trial of a 1 month IF unit is medically necessary.