

<b>Case Number:</b>	CM15-0222943		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	09/22/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: California

Certification(s)/Specialty: Emergency 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 47 year old male, who sustained an industrial injury on 9-22-15. Medical records indicate that the injured worker is undergoing treatment for unspecified sprain of the bilateral shoulders with right shoulder impingement and unspecified sprain of the bilateral wrists. The injured worker is currently able to work with modifications. On (10-21-15) an acupuncture consultation report noted that the injured worker reported constant bilateral shoulder pain and bilateral wrist pain. The pain was rated 9 out of 10 on the visual analog scale. Range of motion of the wrists and bilateral shoulder was decreased. The referenced report was handwritten and difficult to decipher. Treatment and evaluation to date has included acupuncture treatments. Current medications include were not provided. The current treatment request is for a 2 month Interferential unit rental with supplies and garments for the bilateral shoulders. The Utilization Review documentation dated 10-29-15 non-certified the request for a 2 month Interferential unit rental with supplies and garments for the bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 month IF rental with supplies and garments for bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

**Decision rationale:** The requested 2 month IF rental with supplies and garments for bilateral shoulders, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, page 118-120, noted that this treatment 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. There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "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.)." The injured worker has constant bilateral shoulder pain and bilateral wrist pain. The pain was rated 9 out of 10 on the visual analog scale. Range of motion of the wrists and bilateral shoulder was decreased. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, 2 month IF rental with supplies and garments for bilateral shoulders is not medically necessary.