

<b>Case Number:</b>	CM15-0037400		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	04/25/1993
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: New York, Tennessee  
 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 55-year-old male, who sustained an industrial injury on 04/25/1993. He has reported left shoulder pain. The diagnoses have included left shoulder impingement syndrome; and acute left shoulder rotator cuff syndrome. Treatment to date has included medications, steroid injections, TENS (transcutaneous electrical nerve stimulation) unit, and physical therapy. Medications have included Norco, Naproxen, Tizanidine, and Omeprazole. A progress note from the treating physician, dated 01/12/2015, documented a follow-up visit with the injured worker. The injured worker reported ongoing pain to his left shoulder; pain is described as aching and burning; pins and needles sensation in his left finger; and pain is rated at 9/10 on the visual analog scale. Objective findings included tenderness to palpation of the acromioclavicular joint and anterior deltoid of the left shoulder; and range of motion is limited and painful. An intramuscular injection of Toradol was administered to the injured worker. On 01/30/2015 Utilization Review noncertified a prescription for 1 year supply of batteries/electrodes for VQ unit (Interferential Stimulator). The CA MTUS was cited. On 02/22/2015, the injured worker submitted an application for IMR for review of a prescription for 1-year supply of batteries/electrodes for VQ unit (Interferential Stimulator).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 year supply of batteries/electrodes for VQ unit (Interferential Stimulator): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENSs (Interferential Stimulator) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 118-119.

**Decision rationale:** Interferential current stimulation (ICS) 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. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. In this case there is no documentation that the patient is participating in exercise program. There is no documentation that trial of treatment with ICS has been beneficial. The request should not be authorized.