

<b>Case Number:</b>	CM15-0086354		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	04/05/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Preventive Medicine, Occupational 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 42-year-old female, who sustained an industrial injury on 4/5/2014. She reported right shoulder/arm pain from repetitively using a slicer. Diagnoses have included right shoulder strain and right shoulder impingement syndrome. Treatment to date has included right shoulder surgery, physical therapy and medication. According to the progress report dated 4/13/2015, the injured worker complained of right shoulder pain. She reported that physical therapy was helpful and that she had decreased her use of medication. Physical exam revealed right shoulder tenderness with healed incisions. Muscle spasms were noted in the paraspinal musculature. The injured worker had not yet returned to work. Authorization was requested for an interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Use of TENS unit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Section Page(s): 118-120.

**Decision rationale:** The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment; however, it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one-month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one-month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. According to available records, the injured worker has had good pain relief with medications. Additionally, there is no description of a plan regarding use of an interferential unit to improve function included along with the request for the unit. The requested interferential unit is not medically necessary.