

<b>Case Number:</b>	CM15-0087819		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Internal 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 39 year old female who sustained an industrial injury on 4/24/14. The injured worker was diagnosed as having pain shoulder region, pain in elbow and pain in joint; wrist. Currently, the injured worker was with complaints of bilateral upper extremity pain and right shoulder pain. Previous treatments included medication management, cortisone injections, physical therapy and activity modification. Previous diagnostic studies included a magnetic resonance imaging, Electromyography and Nerve Conduction Velocity study. The plan of care was for an inferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential (IF) Unit and supplies, lead wire, electrodes, batteries and adhesive wipes (rent to purchase), for Bilateral Shoulder and Elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, page 114-121. Interferential Current Stimulation (ICS), pages 118-120. Electrical stimulators (E-stim), page 45.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Electrical stimulation. Official Disability Guidelines (ODG) Elbow (Acute & Chronic) Electrical stimulation (E-STIM). Work Loss Data Institute Pain (chronic)\_ <http://www.guideline.gov/content.aspx?id=47590>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses interferential current stimulation (ICS). Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. 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. The findings from these trials were either negative or non-interpretible for recommendation due to poor study design and methodologic issues. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints indicates that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, are not supported by high- quality medical studies. Official Disability Guidelines (ODG) state that electrical stimulation is not recommended for shoulder conditions. There is a lack of evidence regarding efficacy. Official Disability Guidelines (ODG) Elbow (Acute & Chronic) indicates that electrical stimulation (E-STIM) is not recommended. Work Loss Data Institute guidelines for chronic pain (2013) indicates that interferential current stimulation (ICS) are not recommended. The primary treating physician's progress report dated 3/31/15 documented shoulder pain and elbow pain. Interferential (IF) unit and supplies for bilateral shoulder and elbow were requested. ACOEM, ODG, Work Loss Data Institute guidelines do not support the use of an interferential (IF) device for shoulder and elbow conditions. Therefore, the request for interferential (IF) unit and supplies is not medically necessary.