

Case Number:	CM14-0183513		
Date Assigned:	11/10/2014	Date of Injury:	01/10/2012
Decision Date:	12/16/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/04/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an injured worker who status is post left shoulder surgery. Date of injury was 01-10-2012. The mechanism of injury was from repetitive use of the left upper extremity. The patient is status post left shoulder arthroscopy and labral repair in September 2013. Medical history includes left superior glenoid labral lesion status post arthroscopic repair, left carpal tunnel syndrome status post carpal tunnel release, and cervical and upper dorsal sprain and strain. The progress report dated 9/24/14 documented subjective complaints of left shoulder pain and intermittent pain and numbness of the left hand. Objective findings included reduced left shoulder range of motion, active deep tendon reflexes, and 5/5 motor. Diagnoses included superior glenoid labrum lesion, neck sprain and strain, and carpal tunnel syndrome. The treatment plan included requests for CT computed tomography of the left shoulder and interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 90-day rental of a MEDS-4 interferential unit with garment for the left shoulder and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Interferential Current Stimulation (ICS) Electrical stimula. Decision based on Non-MTUS Citation Work Loss Data Institute, Shoulder (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Jun 12. Guideline.gov and on ACOEM 3rd Edition, Shoulder disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-297. Guideline.gov Table

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-interpretable 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 states that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies. ACOEM 3rd edition (2011) does not recommend interferential therapy for shoulder disorders. Work Loss Data Institute guidelines for the shoulder (acute & chronic) state that interferential current stimulation (ICS) is not recommended. Medical records document that the patient's chief complaint was left shoulder pain. The patient is status post left shoulder arthroscopy and labral repair in September 2013. The progress report dated 9/24/14 documented reduced left shoulder range of motion, active deep tendon reflexes, and 5/5 motor strength on physical examination. Tenderness of the shoulder was not documented. Range of motion measurements were not documented. Shoulder instability was not documented. Interferential home stimulation unit was requested. Unresponsiveness to conservative measures was not documented. MTUS, ACOEM, and Work Loss Data Institute guidelines do not support the medical necessity of interferential current stimulation (ICS). Therefore, the request for a 90-day rental of a MEDS-4 interferential unit with garment for the left shoulder and neck is not medically necessary.