

<b>Case Number:</b>	CM14-0219290		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 a 49 year old male who sustained a work related injury to his neck and right shoulder on April 8, 2013. The mechanism of injury was documented as repetitive motion. No surgical interventions were noted. A magnetic resonance imaging (MRI) of the right shoulder on June 12, 2014 showed no evidence of rotator cuff or glenoid labrum tear, moderate degenerative arthritis of the acromioclavicular joint with an associated joint effusion and multiple small degenerative cysts of the humeral head subjacent to the tuberosities. A magnetic resonance imaging (MRI) of the cervical spine on June 12, 2014 demonstrated mild disc desiccation C3-4 with a 2mm central disc protrusion abutting the ventral surface of the cervical cord, 1mm C4-5 central disc bulge, disc desiccation C5-6 with a 1mm central disc bulge and a 0.5mm C6-7 left paracentral disc bulge. Electrodiagnostic study of the left upper limb July 1, 2014 showed no evidence of carpal tunnel syndrome nerve entrapment or cervical radiculopathy. The injured worker was diagnosed with cervical myospasm and right shoulder tenosynovitis. The patient continues to experience right shoulder, scapular pain with heaviness and cramping radiating to the right side of his neck. The injured worker was referred for pain management. Treatment modalities have consisted of acupuncture therapy, chiropractic therapy, and physical therapy. No medications are taken per patient. Tramadol and Ibuprofen were recommended and prescribed as necessary. The injured worker is on temporary total disability (TTD). The treating physician requested authorization for an Interferential Current Stimulation (ICS) unit rental with electrodes and batteries. On December 13, 2014 the Utilization Review denied certification for Interferential Current Stimulation (ICS) unit rental with electrodes and batteries. Citations used

in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, regarding criteria for Interferential Current Stimulation (ICS).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Rental of interferential unit, electrodes, and batteries with set up and delivery for right shoulder:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, although there was persistent shoulder symptoms following his injury at the time of this request, the worker did not meet the criteria for a trial of an ICS unit. In particular, there was no documented evidence of any physical modality being used or being planned to be used at the same time as this unit (home exercises). Also, the duration of the rental of the ICS unit was not included in the request, which is also required before any consideration for approval can be had. Therefore, the rental of interferential unit, electrodes, batteries with set up and delivery for right shoulder will be considered medically unnecessary.