

<b>Case Number:</b>	CM15-0121215		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Physical Medicine & Rehabilitation

### 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 (IW) is a 66-year-old male who sustained an industrial injury on 01/14/2011. Diagnoses include other specified disorders of the shoulder and pain in joint, shoulder region. Treatment to date has included medications, physical therapy and steroid injections. According to the progress notes dated 6/3/15, the IW reported soreness and aching pain in the left shoulder rated 5/10. On examination, there was weakness in the left shoulder. X-rays of the left shoulder and humerus showed no increase in osteoarthritis. A request was made for IF (interferential) unit trial for 60 days for pain management and reduction of medication usage; IF unit indefinite use - if trial effective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential (IF) Unit for 60 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with left shoulder pain rated 5/10. The request is for Interferential (If) Unit For 60 Days. The request for authorization is dated 06/12/15. Physical examination reveals tenderness elicited to palpation over the anterior aspect of the shoulder. There is stiffness and decreased range of motion. There is weakness present to the shoulder. The patient has been administered an ultrasound guided cortisone injection to the left shoulder. The patient is instructed to do heat and ice contrast therapy to help with symptoms. Patient's medications include Hydrocodone/APAP, Cyclobenzaprine, Diclofenac Sodium, Tramadol and Pantoprazole. Per progress report dated 06/03/15, the patient is retired. MTUS (p118-120) states Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one- month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. Treater does not discuss the request. Review of provided medical records do not indicate that the patient has previously trialed an Interferential Unit. Given the patient continues with left shoulder pain and is unresponsive to conservative measures and medications, a trial would be warranted. However, MTUS supports a 30-day trial before an IF unit is recommended. The request for an Interferential unit for 60 days trial exceeds what is recommended by MTUS. Therefore, the request is not medically necessary

**IF Unit indefinite use - if trial effective:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

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

**Decision rationale:** The patient presents with left shoulder pain rated 5/10. The request is for IF Unit Indefinite Use: If Trial Effective. The request for authorization is dated 06/12/15. Physical examination reveals tenderness elicited to palpation over the anterior aspect of the shoulder. There is stiffness and decreased range of motion. There is weakness present to the shoulder. The patient has been administered an ultrasound guided cortisone injection to the left shoulder. The patient is instructed to do heat and ice contrast therapy to help with symptoms. Patient's medications include Hydrocodone/APAP, Cyclobenzaprine, Diclofenac Sodium, Tramadol and Pantoprazole. Per progress report dated 06/03/15, the patient is retired. MTUS (p118-120) states Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one- month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of

increased functional improvement, less reported pain and evidence of medication reduction. Treater does not discuss the request. In this case, the patient continues with left shoulder pain and is unresponsive to conservative measures and medications. However, review of provided medical records do not indicate that the patient has previously trialed an Interferential Unit MTUS supports a 30-day trial before an IF unit is recommended. And a successful trial with pain reduction and functional improvement is required, if indicated. Therefore, the request is not medically necessary.