

<b>Case Number:</b>	CM15-0046749		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	09/21/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 65-year-old male who sustained an industrial injury on 9/21/14. The mechanism of injury was described as pulling. The 11/4/14 right shoulder MRI impression documented full thickness, partial width tearing of the supraspinatus, complete tear of the intraarticular long biceps tendon with retraction and severe tendinosis, labral tearing, mild subacromial impingement, and mild infraspinatus and subscapularis tendinosis. He underwent right shoulder arthroscopy with rotator cuff repair, distal clavicle resection, limited debridement of labrum and biceps stump, and subacromial decompression performed on 2/12/15. The 2/12/15 post-operative evaluation report indicated the injured worker evaluated in the post-operative area of the surgery center and was awake, alert and his vital signs were normal. Authorization was requested for a Meds4 Inf (NMES and Interferential) stimulator unit 30-day trial with conductive garment and electrodes due to extensive shoulder surgery, swelling, and the amount of post-operative pain. This unit was requested to decrease swelling and pain, improve return to function, and allow the patient to decrease pain medication post-operatively. The 3/4/15 utilization review non-certified the request for a Meds4 Inf (NMES and Interferential) stimulator unit 30 day trial with conductive garment and electrodes as there was no guidelines support for use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds4 Inf (NMES and Interferential) stimulator unit 30 day trial with conductive garment and electrodes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** The Meds4-INF Stimulator is listed by the FDA as a powered muscle stimulator, TENS unit and interferential unit. The California MTUS guidelines do not recommend interferential current (IFC) stimulation as an isolated intervention. Guidelines indicate that a one-month IFC trial may be indicated for post-operative conditions if there is significant pain that limits the ability to perform exercise programs/physical therapy treatment. MTUS guidelines recommend TENS use as a treatment option for acute post-operative pain in the first 30 days after surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Guidelines state that the proposed necessity of the unit should be documented. MTUS guidelines support the use of NMES in rehabilitating upper extremity muscles following stroke, as part of a comprehensive physical therapy program, and not as a treatment for pain. Guidelines have not been met. The patient underwent right shoulder arthroscopic surgery. There was no indication that the patient would be unable to perform post-op physical therapy exercise or treatment, or that post-operative pain management would be ineffective. There was no documentation that the patient was intolerant or unresponsive to pain medications during the pre-operative or immediate post-operative period. If one or more of the individual modalities provided by this multi-modality unit is not supported, then the unit as a whole is not supported. There is no guideline support for neuromuscular electrical stimulation in the post-operative shoulder patient. Therefore, this request is not medically necessary.