

<b>Case Number:</b>	CM15-0092388		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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, Indiana, New York  
 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 55-year-old male, with a reported date of injury of 05/10/2011. The diagnoses include status post left latissimus dorsi transfer with rotator cuff tear with possible re-tear, right shoulder impingement syndrome, shoulder osteoarthritis, left shoulder rotator cuff tear, and tear of the latissimus dorsi flap. Treatments to date have included an MRI of the left shoulder on 09/26/2014 which showed a large rotator cuff tear, left shoulder surgery, oral medications, x-rays of the bilateral shoulders, and MR Arthrogram of the left shoulder. The progress report dated 04/30/2015 indicates that the injured worker's bilateral shoulder pain was unchanged. The objective findings include limited left shoulder range of motion in all ranges, positive right shoulder impingement sign, tenderness over the anterior and superior aspects of the right shoulder, and slightly limited right shoulder range of motion. It was noted that the injured was scheduled for a revision left shoulder surgery on 05/20/2015. The treating physician requested a MEDS-4 interferential unit with garment to increase circulation, range of motion, and pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds-4 Interferential unit with garment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Meds-4 Interferential unit (ICS) with garment is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work; exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The medical care provider for ICS to be medically necessary should document the Patient Selection Criteria. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnosis is other specified disorder rotator cuff syndrome shoulder. The injured worker scheduled for revision left shoulder surgery on May 20, 2015. The treating provider requested an interferential unit with garment to increase circulation, range of motion and pain control. ICS is not recommended as an isolated intervention. There is no documentation of concurrent physical therapy. Additionally, there is no documentation indicating a one month trial is to take place or took place prior to the request. Consequently, absent documentation of concurrent physical therapy and a one-month ICS clinical trial, Meds-4 Interferential unit (ICS) with garment is not medically necessary.