

<b>Case Number:</b>	CM15-0094034		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	01/08/2015
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 is a 54 year old male, who sustained an industrial injury on 1/08/2015. He reported acute onset pain in the neck and left shoulder while moving 200 pound merchandise. Diagnoses include cervical sprain/strain, left shoulder sprain/strain, rotator cuff syndrome, cervical disc protrusion with neuroforaminal stenosis, and left cervical radiculopathy. Treatments to date include rest, chiropractic therapy, and left shoulder cortisone injections. Currently, he complained of unchanged left shoulder pain. There was a 30% improvement in symptoms following a recent corticosteroid joint injection. On 4/27/15, the physical examination documented left shoulder MRI and cervical MRI findings. The plan of care included MEDS-4 interferential unit with garment.

### 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 Current Stimulator, Neuromuscular electrical stimulator.

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

**Decision rationale:** The patient was injured on 01/08/15 and presents with left shoulder pain, neck pain, and left arm pain. The request is for MEDS-4 Inferential Unit with garments. The RFA is dated 04/28/15 and the patient is to return to modified work duty on 04/27/15. For Interferential Current Stimulation (ICS), MTUS guidelines, pages 118 - 120, state that "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone". These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The reason for the request is not provided, nor is there any discussion provided on how the device will be used, or what body part will be treated. He has a limited range of motion for his left shoulder. The patient is diagnosed with cervical sprain/strain, left shoulder sprain/strain, rotator cuff syndrome, cervical disc protrusion with neuroforaminal stenosis, and left cervical radiculopathy. Treatment to date includes rest, chiropractic therapy, and left shoulder cortisone injections. There is no documentation of patient's history of substance abuse, operative condition, nor unresponsiveness to conservative measures. Documentation to support these criteria has not been met. Furthermore, MTUS requires a 30-day trial of the unit showing pain and functional benefit before a home unit is allowed. In this case, there was no 30-day trial with the interferential unit. Therefore, the requested IF unit is not medically necessary.