

<b>Case Number:</b>	CM13-0033618		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/06/2004
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56 year old female with a date of injury of 2/6/2004. She has been under the care of [REDACTED] since 03/01/2011. According to [REDACTED] most recent available chart note of 11/19/2013, the patient's current diagnoses are the following: 1. Chronic pain syndrome with C3-4 posterior annular tear and multilevel disc bulge, 2. Rotator cuff tear of the right shoulder, 3. Supraspinatus tendinosis of the left shoulder, 4. Sprain/strain of bilateral elbows, 5. Lateral epicondylitis of the right elbow, 6. Carpal tunnel syndrome of bilateral wrists, 7. Gastritis, 8. H. pylori infection, 9. Major depression, 10. Tension headaches, 11. Goiter, and 12. Fibromyalgia. The patient has a long and complicated medical history. [REDACTED] most recent examination of 11/19/2013 is thorough and appears to give a fairly good snapshot of the patient's current condition. He reports subjective complaints congruent with the above diagnoses. The patient stated that she continued to have chronic pain in the neck, upper back, and shoulders with some radiation to the upper extremities. Prescribed medications have been helping her. The IF4 unit under consideration for this review has apparently already been issued to the patient in November of 2008. The patient no longer feels the unit is helping her to progress. [REDACTED] also reports that the patient has had 37 sessions of physical therapy and 3 sessions of chiropractic treatment, as well as 9 visits for acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one IF Unit purchase between 7/30/2013 and 11/8/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG ), Section on Pain (Chronic), Interferential current stimulation (ICS).

**Decision rationale:** 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain and knee pain. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. The request for one IF Unit is non certified.

**one Paraffin Bath Unit between 7/30/2013 and 11/8/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Forearm, Wrist, and Hand, (Acute & Chronic), Paraffin wax baths

**Decision rationale:** Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. No long-term functional improvement is expected from the use of paraffin baths. Evidence of functional improvement is required for a treatment modality to be medically necessary. The request for one Paraffin Bath Unit is non certified.