

<b>Case Number:</b>	CM13-0036596		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 32-year-old male who reported an injury on 11/05/2011. The patient was most recently seen on 10/07/2013 for a follow-up for his right shoulder partial rotator cuff pathology and impingement syndrome. The patient had undergone a cortisone injection and had gotten better, but the pain subsequently returned. The patient also had an AME done in 03/2013. On examination of the right shoulder, the patient's range of motion demonstrated elevation of 150 degrees and abduction 140 degrees. External rotation and abduction strength were at about 4+/5. There is also pain anteriorly and anterolateral, as well as a positive adduction test. According to the documentation dated 09/11/2013, the patient was seen for continued pain and examination demonstrated from the patient's pain at the right foot along the posterior tibial tendon and medial column of the foot. Pain was exacerbated with squatting, crouching, toe walking, and toe standing. Stretching of the posterior tibial tendon elicited burning pain. Diagnoses from that exam were noted as posterior tibial tenosynovitis confirmed by an MRI, arthritis of the medial column of the right foot confirmed by MRI and painful gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit E1399 Rental for 90 Days:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Transcutaneous electrotherapy Page(s): 54, 114-117.

**Decision rationale:** Regarding the request for durable medical equipment, Interferential unit, E1399 rental for 90 days, according to California MTUS Guidelines, it states that transcutaneous electrical stimulation is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. Indications for use are patients who have been diagnosed with neuropathic pain or CRPS II, diabetic neuropathy, or post herpetic neuralgia, phantom limb pain, spasticity, and multiple sclerosis. As noted in the documentation, the patient has not been diagnosed with any of these above mentioned conditions. Furthermore, the request does not indicate the patient will be using this equipment in adjunct to a program of evidence based functional restoration. Also, the request is for a 90 day rental which exceeds the 30 day 1 month home based TENS trial. As such, the requested service does not meet guideline criteria for use of an interferential current stimulating system and is non-certified.