

<b>Case Number:</b>	CM13-0050424		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 53-year-old female who reported an injury on 02/06/2012. The mechanism of injury was not submitted. The patient's diagnoses include: cumulative trauma disorder, cervical spine; cumulative trauma disorder, lumbar spine; multi-level lumbar disc bulges with bilateral neural foraminal narrowing; lumbar spine spondylosis with degenerative disc disease; cumulative trauma disorder, bilateral shoulders and arms; cumulative trauma disorder, bilateral wrists and hands; degenerative joint disease, bilateral hands; degenerative joint disease, bilateral hips; fracture of the right femur: status post ORIF with IM rod, non-industrial; contusion/sprain, left knee; medial meniscal tear, left knee; tricompartmental chondromalacia, left knee; pain, right knee, compensable consequence; degenerative joint disease, bilateral knees; calcaneal spur, bilateral ankles; anxiety/depression; insomnia; and Helicobacter pylori infection. The patient has been referred to a neurosurgeon, an orthopedic surgeon, and recommended continued use of the IF-4 unit at home for pain symptoms of the back and the knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

**Decision rationale:** CA MTUS does not recommend interferential current stimulation 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 postoperative knee pain. The patient continued to complain of pain to the neck, upper back, bilateral shoulders, bilateral elbows, bilateral wrists, bilateral knees and legs, bilateral ankles and feet, and difficulty falling asleep. However, no clinical documentation was submitted for review indicating the patient was participating in physical therapy, or any medications the patient may have been taking. Given the lack of documentation to support guideline criteria, the request is noncertified.