

<b>Case Number:</b>	CM13-0054916		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/18/2012
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Family, 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 38-year-old female who reported an injury on 02/18/2012 when she caught a falling patient which reportedly caused injury to the patient's bilateral shoulders, neck, and thoracic spine. The patient's treatment history included medications, activity limitations, physical therapy, surgical intervention for the cervical spine in 12/2012, and surgical intervention for the left shoulder in 05/2013. The patient's most recent clinical evaluation documented that the patient had decreased range of motion of the cervical spine with lateral rotation and limitations in flexion and extension secondary to pain. It was documented that the patient had range of motion limitations of the left shoulder described as 130 degrees in elevation and 55 degrees in external rotation, and internal rotation to the mid lumbar level with 4/5 strength and pain in all planes of range of motion. A request for a 2 month rental for an interferential unit with supplies was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit with supplies, 2 month rental RFA 10/9/2013: Upheld**

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

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

**Decision rationale:** The requested interferential unit with supplies for a 2 month rental is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of an interferential unit when the patient has failed to respond to all other lesser forms of conservative treatments. The clinical documentation submitted for review does not provide any evidence that the patient has had a trial of a TENS unit and has failed to respond to that type of therapy. Additionally, California Medical Treatment Utilization Schedule only recommends a 30 day clinical trial to establish efficacy of treatment. The requested 2 month rental exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested interferential unit with supplies for a 2 month rental is not medically necessary or appropriate.