

<b>Case Number:</b>	CM13-0067518		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/02/2010
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/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 injured worker is a 61-year-old female who reported injury on 08/01/2010. The mechanism of injury was not provided. The documentation of 08/20/2013 revealed the injured worker was continuing with physical therapy. The injured worker was utilizing a collateral ligament stabilization brace. The diagnosis included pain in joint. The treatment plan included a continuation of strengthening and the continuation of Celebrex, Norco, and Gabapentin as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RS MEDICAL RS- 4I X1 MONTH TRIAL WITH SUPPLIES (ELECTRODES (4):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, NMES Page(s): 118, 121.

**Decision rationale:** The California MTUS Guidelines do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain.

They do not recommend interferential current stimulation (ICS) as an isolated intervention. The clinical documentation submitted for review failed to provide a DWC Form RFA or a PR-2 for the requested medical device. There was a lack of documented rationale. There was a lack of documentation indicating the injured worker would be utilizing the unit as an adjunct to other therapy. Given the above, the request for Rental RS Medical RS-4i x 1 month trial with supplies (electrodes 4) is not medically necessary.