

<b>Case Number:</b>	CM14-0006411		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 and Rehabilitation and Pain Medicine 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 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 43 year old female whose date of injury is 05/30/2013. The mechanism of injury is described as repetitive motion and reaching and working overhead. Initial comprehensive medical evaluation dated 11/18/13 indicates that treatment to date includes physical therapy, wrist brace and medication management. She returned to full duty work on 10/31/13. Diagnoses are listed as cervical spine myoligamentous injury, left lateral epicondylitis, right carpal tunnel syndrome, and secondary stress and anxiety. MRI of the right wrist dated 12/05/13 revealed a tear of the radial attachment of the triangular fibrocartilage with increased fluid in the distal radioulnar joint. EMG/NCV dated 12/23/13 is a normal study. The injured worker was authorized to undergo a one month trial of interferential unit for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWO MONTH SUPPLY OF ELECTRODES, BATTERIES, AND LEAD WIRE E1399:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** Based on the clinical information provided, the request for two month supply of electrodes, batteries, and lead wire E1399 is not recommended as medically necessary. The submitted records indicate that the injured worker was authorized to undergo a one month trial of interferential stimulation for the right shoulder. The injured worker's objective, functional response to this trial is not documented to establish efficacy of treatment and support additional supplies. There is no current, detailed physical examination submitted for review.