

<b>Case Number:</b>	CM14-0006576		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/17/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/10/2014
<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 Occupational Medicine 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 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 patient is a 54-year-old female who has submitted a claim for left shoulder rotator cuff tear/capsulitis, left elbow tendinitis associated with industrial injury date of 10/17/13. The medical records from 2013 were reviewed which showed pain on left shoulder graded 3-7/10 which radiates to the left hand. Physical examination showed sensory abnormalities at ring and little finger. The treatment to date has included, left elbow brace, TENS, acupuncture and physical therapy sessions. Utilization review from 1/10/14 denied the request for rental of internal stimulator (INF) because guideline stated that the use of passive neurostimulation devices have poor clinical evidence of efficacy. There was insufficient evidence that exists to determine the effectiveness of inferential therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RENTAL INTERNAL STIMULATOR (INF) AND SUPPLIES X 12 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION,.

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

**Decision rationale:** As stated on page 118-120 of California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended 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. In addition, guidelines stated that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications, exercise programs/physical therapy treatment; or unresponsive to conservative measures. In this case, patient's records did not document if she had significant improvement with acupuncture and physical therapy sessions. Furthermore, it is unclear whether the patient has exhausted all conservative treatment measures. The present request also exceeded the guideline recommendation of one-month trial use. Guidelines have not been met. Therefore, the request for rental internal stimulator (INF) and supplies x 12 is not medically necessary.