

<b>Case Number:</b>	CM14-0008640		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 51-year-old male who has submitted a claim for right carpal tunnel syndrome, cervical myoligamentous injury with right upper extremity radiculopathy, right shoulder myoligamentous injury status post arthroscopic surgery, ulnar nerve entrapment on the right elbow and wrist, and right knee internal derangement, associated with an industrial injury date of August 29, 2011. Medical records from 2011 through 2013 were reviewed, which showed that the patient complained of neck pain and radicular symptoms of the right upper extremity. On physical examination, no motor deficits of the upper extremities were noted but there was decreased sensation along the lateral arm and forearm bilaterally, right greater than the left. Tinel's sign was positive on the right wrist. Right shoulder examination revealed decreased range of motion. There was decreased sensation in the ulnar nerve distribution from the elbow but no decreased grip strength on the right was reported. Right knee examination revealed tenderness along the medial lateral joint line with mild soft tissue swelling. There was crepitus of the right knee. Examination was negative for collateral laxity, anterior drawer sign, and posterior drawer sign. Treatment to date has included medications, cognitive behavioral therapy, physical therapy, right carpal tunnel block, cervical epidural steroid injections, and right shoulder arthroscopy. Utilization review from December 30, 2013 denied the request for batteries for two-month supplies; lead wires for two-month supplies; Prime IF - interferential unit; and electrodes for two month supplies because the outcome of medication management was not specified to support the need for these durable medical equipment (DME).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BATTERIES FOR TWO MONTH SUPPLIES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**LEAD WIRES FOR TWO MONTH SUPPLIES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PRIME IF - INTERFERENTIAL UNIT: 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 (ICS) Page(s): 118-120.

**Decision rationale:** According to pages 118-120 of the CA MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention. However a one-month trial may be appropriate for the following conditions: (1) pain is ineffectively controlled due to diminished effectiveness of medications or due to side effects; (2) history of substance abuse; (3) significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy; or (4) unresponsive to conservative measures. In this case, there was no discussion regarding diminished effectiveness or side effects of medications. There was also no discussion regarding prior history of substance abuse. The patient was also not suffering from post-operative pain and there was no discussion regarding unresponsiveness to conservative management. Furthermore, a rationale for the requested equipment was not provided. In addition, the present request failed to indicate whether the request is for purchase or trial of the unit. There is no clear indication for the requested device. Therefore, the request for Prime IF - interferential unit is not medically necessary.

**ELECTRODES FOR TWO MONTH SUPPLIES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.