

<b>Case Number:</b>	CM14-0012455		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/21/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 32-year-old female who has filed a claim for right carpal tunnel syndrome associated with an industrial injury date of October 21, 2010. Review of progress notes indicates left shoulder and low back pain. The patient notes weakness, numbness, and tingling of the left upper extremity and lower extremity. There has been partial relief with injection to the left shoulder and physical therapy. Findings of the left shoulder showed tenderness over the AC joint and anterior deltoid, positive impingement, and decreased motor strength, and pain upon internal and external rotation. Regarding the bilateral elbows, there was tenderness over the lateral epicondyles. Examination of the hands and wrists showed tenderness over the palmar aspects of the hands, positive Tinel's sign bilaterally, and positive median nerve compression and Phalen's on the right. Examination of the lumbar spine showed tenderness and spasm over the musculature and sacroiliac regions, positive straight leg raise test on the left, positive Kemp's test bilaterally, and hypoesthesia at the L4 to S1 dermatomes on the left. X-rays of the bilateral elbows and wrists dated October 29, 2013 were unremarkable. MRI of the left shoulder dated November 19, 2013 showed mild supraspinatus tendinosis. Electrodiagnostic testing of the upper extremities dated December 12, 2013 showed mild right carpal tunnel syndrome. Treatment to date has included lumbar epidural steroid injections, acupuncture, hand braces, left carpal tunnel release, injection to the left shoulder, physical therapy with use of TENS, and an unspecified medication. Utilization review from January 20, 2014 denied the requests for interferential unit purchase, electrodes x 10 purchase, batteries x 10 purchase, and set-up delivery as there was no discussion regarding prior use of an interferential unit as an adjunct to a program of evidence-based functional restoration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter: Interferential Current Stimulation (ICS).

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

**Decision rationale:** Page 118-120 of CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial of the IF unit may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications, when pain is ineffectively controlled with medications due to side effects, in patients with a history of substance abuse, in the presence of significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or if the condition is unresponsive to conservative measures. In this case, there is no documentation regarding failure of pain medications or inability to perform physical therapy. There is also no documentation of trial of use of interferential unit to support the purchase of a unit. Therefore, the request for interferential unit purchase was not medically necessary.

**Electrodes x 10 purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

**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.

**Batteries x10 purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

**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.

**Set-up delivery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

**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.