

<b>Case Number:</b>	CM14-0161847		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/17/2011
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 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 injured worker is a 52 year old male with a date of injury on 9/17/2011. As per the report of 06/04/14, he complained of left biceps pain. He stated that he had mild stabbing pain every now and then with tingling pain into the fingers, rated at 3. Pain was rated at 3/10 on 03/12/14, 04/23/14 and 06/04/14, which indicated no improvement. On 09/09/14, he complained of sharp intermittent biceps pain. On exam, he had mild swelling of the metacarpophalangeal joint of the left hand. He had good passive motion of forearm and metacarpophalangeal joint extension, but had aching. X-rays of the left elbow and left forearm per report dated 06/04/14 revealed no increase of osteoarthritis. He underwent repair of chronic biceps, removal of endobutton, synovectomy and posterior interosseous nerve neurolysis (undated). Medications per 03/20/14 report were gabapentin and transdermal medications. Past treatments have included physical therapy with improvement. An interferential unit and supplies for a 30-day rental for the left arm were approved on 03/25/14. His diagnoses include non-traumatic rupture of tendons of biceps (long head) and pain in joint, upper arm. There was no documentation of significant functional benefit or decrease in pain medication with the use of interferential unit. The request for interferential stimulator convert to purchase from rental, 3 month supplies of electrodes 24 packs, power packs #72, adhesive remover towel #96, shipping and handling, retrospective date of service 6/5 was denied on 09/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Interferential Stimulator convert to purchase from rental, 3 month supplies of electrodes 24 packs, power packs #72, adhesive remover towel #96, shipping and handling (DOS: 06/05): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit.

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

**Decision rationale:** Per the 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. Interferential current stimulation is possibly appropriate for the following conditions: pain ineffectively controlled due to diminished effectiveness of medication, pain ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or no response to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain, and evidence of medication reduction. In this case, the medical records do not document that the above criteria are met; there is no evidence of ineffective pain control, uncontrolled post-operative pain or failure of conservative measures, etc. Therefore, the request is considered not medically necessary in accordance to guidelines and based on the available clinical information.