

<b>Case Number:</b>	CM14-0021357		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old female who was injured during the period between 9/1/11 and 1/6/14 involving her neck, lower back, bilateral feet, bilaterally knees, and right shoulder related to repetitive duties at her workplace as a housekeeper manager. Over this time period she experienced pain in her back, neck, knees, feet, and right shoulder and didn't seek medical care for most of this time, until she saw her family doctor complaining of her worsening right shoulder pain in the middle of 2012. She was then prescribed pain medication, which helped. On 1/16/14, she was seen by a physical medicine and rehabilitation physician for their opinion complaining of neck pain, lumbar pain, right shoulder pain, and bilateral ankle and knee pain. She was diagnosed with cervical sprain/strain with radiculopathy into right arm, thoracic sprain/strain, lumbar sprain/strain, right shoulder sprain/strain with degeneration of AC joint and subluxation of humeral head, bilateral knee sprain/strain with patellofemoral syndrome and degenerative osteosclerosis, bilateral ankle sprain/strain with plantar heel spurs, depression, and obesity as seen documented in the progress note. She was recommended to return to work with restrictions. A request was then made on 1/21/14 for an interferential current stimulation device for the worker to use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTERFERENTIAL UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-120.

**Decision rationale:** The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provided significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, there was no mention of which injuries the worker was to use this device on (shoulder, back, neck, or other) and no duration was stated. As this seems to be the first time this device had been recommended to the worker, from what notes were provided for review. There was no evidence of any of the criteria above to suggest the worker would warrant a trial of the ICS device, and from the evidence in the documents provided, it isn't clear if the ICS device was intended to be an adjunct therapy, for which there was not any evidence of other treatments that she was actively using at the time of the request, or if the ICS was intended to be an isolated therapy. Without clear documentation to clarify this request, and no evidence suggesting this isn't intended to be an isolated therapy for the worker, the interferential unit is not medically necessary.