

<b>Case Number:</b>	CM14-0021925		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Orthopedic Surgery 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 59 year old female whose date of injury is 06/03/2010. The mechanism of injury is not described. Handwritten note dated 01/14/14 indicates that the injured worker states that neck pain is 60% improved with 100% relief of left upper extremity radicular symptoms with 6 chiropractic treatments. Diagnoses are listed as cervical sprain/strain with left upper extremity radiculopathy, left shoulder strain, and left elbow medial/lateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INTERFERENTIAL UNIT/ORTHO STIM RENTAL (X1-2 MONTHS) & SUPPLIES:**

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:** Based on the clinical information provided and the Chronic Pain Medical Treatment Guidelines, the request for interferential unit/orthostim rental (x1-2 months) and supplies is not recommended as medically necessary. The injured worker sustained injuries over 4 years ago; however, there is no comprehensive assessment of treatment completed to date or

the patient's response thereto submitted for review other than a course of 6 chiropractic visits to treat a flare-up of pain in December 2013/January 2014. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. California Treatment Utilization Schedule Guidelines (CAMTUS) guidelines note that interferential current stimulation is not recommended as an isolated intervention.