

<b>Case Number:</b>	CM14-0041412		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/05/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 35-year-old female who sustained a work injury reported on 12/05/2010 as result of repetitiveness of her work. At the time of injury, she had pain in her left shoulder and arm, right arm and hand, and left hip. Additionally, the patient developed asthma with reduced lung functioning with possible etiology of condition from exposure to cleaning chemicals. Since the date of reporting her injury, the patient has undergone bilateral carpal tunnel release, a distal fascial release, and cubital tunnel release and elbow fascia surgical procedure. In addition she has undergone a right elbow lateral release (December 10, 2013) and completed post-surgical physical therapy. Despite this, the patient continues to complain of 5-9/10 pain that is aching with soreness (at her right shoulder) in all the areas listed previously. The patient reports that her pain following her right elbow lateral release performed on December 10, 2013 returned, as well as experiencing swelling, stiffness and limited range of motion. Her physical exam findings consist of a positive Apprehension, Neer's, Hawkins at her left shoulder, a positive Tinel's sign at her left elbow and positive Phalen's, Reverse Phalen's and Tinel's at the right wrist. Her past treatment has included oral steroids, Tramadol 50mg for pain, Cyclobenzaprine 7.5mg for muscle spasms, Dyotin SR 250mg for nerve pain, Flubitac 100mg for pain / inflammation, Theraflex cream for pain / inflammation / muscle spasm, keratek gel for pain / inflammation, Vicosetron 10/300/2mg a narcotic analgesic and physical therapy. In dispute is a decision for an Inferential Unit and supplies - 2 month Rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Inferential Unit And Supplies-2 Month Rental: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Diagnosis Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Interferential current stimulation (ICS).

**Decision rationale:** Interferential Current Stimulation (ICS) 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. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. Two recent randomized double-blind controlled trials suggested that ICS and horizontal therapy (HT) were effective in alleviating pain and disability in patients with chronic low back pain compared to placebo at 14 weeks, but not at 2 weeks. The placebo effect was remarkable at the beginning of the treatment but it tended to vanish within a couple of weeks. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive 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. After a thorough review the provided medical documentation, I found no documentation of the pain reduction of her medical regimen in which to evaluate the efficacy of improvement or diminution of the treatment to determine if the patient meets the initial criteria for the use of the requested device. Per the California MTUS guidelines, a one-month trial may be appropriate to permit the physician to study the effects and benefits. As written, the request supersedes the initial trial period and therefore cannot be authorized.