

<b>Case Number:</b>	CM14-0048652		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Orthopaedic Surgery, and is licensed to practice in Mississippi. 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 57 year-old male who was reportedly injured on 9/15/2013 the mechanism of injury is noted as a lifting injury. The most recent progress note dated 2/21/2014 indicates there are ongoing complaints of right knee pain and left shoulder pain. The physical examination demonstrated cervical spine positive tenderness to palpation over paravertebral musculature and trapezius bilateral. Left shoulder: tenderness to palpation over the subacromial region, acromioclavicular joint, supraspinatus tendon, posterior muscles and scapular region. Right knee varus deformity is noted. Tenderness to palpation of the peripatellar area and medial/lateral joint lines is noted. Positive McMurray's, positive patellar grind test, patellofemoral crepitus is noted. Neurological reveals sensation is intact to light touch in the bilateral upper and lower extremities. Deep tendon reflexes of the bilateral upper/lower extremities are 2+ bilaterally. Diagnostic imaging studies are referred to in the above listed note to include x-rays of the right knee and shoulder and an MRI of the left knee. No official radiological report is available for review today.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home interferential unit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders-Electrical Therapies.

**Decision rationale:** CA MTUS Guidelines support the use of an interferential (IFU) stimulation unit only in conjunction with a functional restoration program when the guideline criteria are met. When guideline criteria are met, a one-month trial is required prior to the purchase of an IFU unit. The medical record provides insufficient clinical data to support this request as there is no evidence that a trial has been provided with documentation of the appropriate response of the trial. Therefore, this request for purchase of an interferential stimulation unit is deemed not medically necessary.