

<b>Case Number:</b>	CM14-0078978		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Pennsylvania. 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 claimant is a 47 year old gentleman who injured his low back and shoulder in a work related accident on 07/20/12 and subsequently underwent shoulder surgery to include a subacromial decompression and debridement on 12/10/12. The medical records provided for review include the 03/04/14 progress report describing continued low back complaints with radiating right leg pain. Physical examination showed restricted lumbar range of motion, positive right-sided straight leg raise and no specific examination to the shoulder documented. It states the treatment to date for the lumbar spine has included physical and aquatic therapy, medication management and activity restrictions. There is a current request for purchase of an interferential unit for further treatment of this individual's chronic low back complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of an I F (interferential stimulator) unit.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

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

**Decision rationale:** Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, purchase of an interferential device would not be indicated. The Chronic Pain Guidelines do not recommend interferential devices as a standalone procedure, but are typically recommended only as an adjunct to a program of evidence based restoration. Without documentation of significant change in claimant's clinical course or documentation of other forms of concordant treatment, the isolated use of an interferential device for purchase cannot be recommended as medically necessary.