

<b>Case Number:</b>	CM14-0089265		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Physical Medicine and Rehabilitation 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 54-year-old female with a reported date of injury on 02/19/2014. The mechanism of injury was noted to be from cumulative trauma. Her diagnoses were noted to include sprain to the bilateral wrists, rule out carpal tunnel syndrome, sprain to the left shoulder and paresthesia to the bilateral hands. Her previous treatments were noted to include physical therapy and medications. The progress note dated 04/20/2014 revealed the injured worker complained of pain to the left shoulder and numbness in both hands. The physical examination revealed mild to moderate paresthesia in the bilateral hands and tenderness to the left shoulder upon palpation. The Request for Authorization form dated 05/20/2014 was for an interferential stimulator with supplies for a 2 month rental to manage pain, relax muscle spasms, increase circulation, increase/maintain range of motion, reduce joint stiffness, and improve activities of daily living/functioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home interferential stimulator rental (X2 months):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS units.

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

**Decision rationale:** The request for a home interferential stimulator rental (X 2 months) is not medically necessary. The injured worker has completed physical therapy with minimal benefit. The California Chronic Pain Medical Treatment Guidelines do not recommend interferential current stimulation 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. The randomized trials that have evaluated the effectiveness of those treatments have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and postoperative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poorly designed study design and/or methodic issues. The guidelines criteria for interferential stimulation is pain 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 condition limits the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures. The documentation provided physical therapy sessions were completed; however, there is a lack of documentation regarding electrical stimulation to have been attempted. Additionally, the guidelines recommend a 1 month trial and state that there should be evidence of increased motion or improvement, less reported pain and evidence of medication reduction, medication intolerance, or failure of conservative care. There is lack of documentation regarding interferential stimulation to be used as an adjunct to physical rehabilitation. Additionally, the request for a 2 month rental exceeds guideline recommendations of a 1 month trial. Therefore, the request is not medically necessary and appropriate.

**Electrodes (x8), Power packs (x24), Adhesive Remover Towel Mint (x32), TT & SS Leadwire (x1): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS units.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The request for electrodes (x8), power packs (x24), adhesive remover towel mint (x32) TT and SS lead wire (x1) is not medically necessary and appropriate. The injured worker complains of pain to her back and hands. The California Chronic Pain Medical Treatment Guidelines do not recommend interferential current stimulation 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 in those recommended treatments alone. The guidelines criteria for interferential stimulation is 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 that limits the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative

measures. The previous request for the interferential stimulation unit was medically necessary, and therefore the supplies for the interferential stimulation unit are not appropriate.