

<b>Case Number:</b>	CM14-0092890		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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, has a subspecialty in Interventional Spine, 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:

According to the records made available for review, this is a 39-year-old female with a 12/4/13 date of injury. At the time (5/14/14) of request for authorization for Interferential Stimulation Unit Twin Stimulation Plus Third Edition One Month Trial for Left Knee, Cervical, Shoulder, there is documentation of subjective (bilateral shoulders, left knee, and neck pain) and objective (painful left knee range of motion, tenderness to palpation over the cervical region, and painful cervical and bilateral shoulders range of motion) findings, current diagnoses (left knee sprain/strain, cervical sprain, and bilateral shoulder pain), and treatment to date (medications and physical therapy). There is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Stimulation Unit Twin Stimulation Plus Third Edition One Month Trial for Left Knee, Cervical, Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 115-117.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that 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. Within the medical information available for review, there is documentation of diagnoses of left knee sprain/strain, cervical sprain, and bilateral shoulder pain. However, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for Interferential Stimulation Unit Twin Stimulation plus Third Edition One Month Trial for Left Knee, Cervical, and Shoulder is not medically necessary.