

<b>Case Number:</b>	CM13-0034717		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 50-year-old who has filed a claim for chronic neck, elbow, wrist, and shoulder pain reportedly associated with cumulative trauma at work first claimed on March 15, 2013. In a Utilization Review Report dated September 13, 2013, the claims administrator failed to approve a request for an interferential unit purchase. The claims administrator referenced an RFA form dated September 6, 2013 in its determination. Non-MTUS ODG Guidelines were apparently invoked in portions of the determination. The applicant's attorney subsequently appealed. On August 22, 2013, the applicant reported ongoing complaints of neck, shoulder, elbow and wrist pain reportedly associated with cumulative trauma at work. The applicant was status post right and left carpal release surgery. The applicant was no longer working and had been terminated by her former employer. Multifocal complaints of neck, elbow, and wrist pain were reported. Ancillary complaints of depression and anxiety were also evident. The applicant was on Zestril, Protonix, Levoxyl, and Neurontin it was acknowledged. A multimodality transcutaneous electric therapy/interferential stimulator device, MRI imaging of the wrist, MRI imaging of the elbows, tennis elbow support, and physical therapy were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit - Purchase for bilateral wrists and elbows:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-266, Chronic Pain Treatment Guidelines Interferential Unit. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Interferential Current Stimulation.

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

**Decision rationale:** No, the interferential unit purchase for bilateral elbows and bilateral wrists was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, an interferential stimulator should be purchased only in applicants who have had a favorable outcome during an earlier one-month trial of the same, in terms of increased functional improvement, less reported pain, and evidence of medication reduction. Here, however, the attending provider apparently prescribed and/or dispensed the device without having the applicant first undergo a one-month trial of the same. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also outlines additional criteria for pursuit of an interferential stimulator device on a trial basis, one of which includes evidence of analgesic medication failure. Here, there was no evidence of analgesic medication failure prior to introduction of interferential stimulator device. Therefore, the request is not medically necessary.