

<b>Case Number:</b>	CM14-0188203		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Family Medicine 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:

This is a 53 year old male patient who sustained an industrial injury on 9/8/2014. He sustained the injury due to cumulative trauma from repetitive use. The current diagnoses include bilateral shoulder sprain and strain, bilateral frozen shoulder, bilateral knee derangement, and rule out stress and depression. Per the doctor's note dated 10/22/2014, he had complaints of knee pain, right greater than left, bilateral shoulder pain, weakness and limited range of motion; weakness, numbness, loss of motor skills of the right hand, right arm, right elbow, and right shoulder; gastric upset, headache with blurring of vision, occasional tinnitus and shaking of right hand. The physical examination revealed a right antalgic gait, positive Hoffman's sign in the bilateral legs, diffuse tenderness along the bilateral acromioclavicular joint, bilateral tendon groove, bilateral supraspinatus deltoid complex, and bilateral rotator cuffs, pain on palpation of the bilateral medial and lateral epicondyle, pain on resisted dorsiflexion of the wrists with the elbows in full extension in the left, scar over the dorsal radial proximal area of the right forearm, positive Phalen's test on the bilateral wrists, positive Finkelstein's test on the bilateral wrists, the neck shifted slightly to the right, mild, right greater than left bunion, tenderness along the lumbar paravertebral muscles, right greater than left, L5-S1 spinous processes and sacroiliac joints, pain in the right calf with tiptoe walk, pain in the right heel with heel walk, tingling over the medial aspect of the thigh and diffuse tingling below the bilateral heels, positive sitting and supine Lasegue's in the right at 30 degrees and in the left at 40 degrees, 6 degree valgus on the bilateral knees, positive McMurray's test in the bilateral knees over the lateral joint line, positive Apley's test in the bilateral knees over the lateral joint line, pain in the bilateral plantar fascia and pain in the right forefoot and mild pain in the left forefoot. The medications list includes nexium. Previous operative or procedure note related to the injury was not specified in the records

provided. He has had right wrist and cervical spine X-rays on 9/12/14 with normal findings. He has had physical therapy and occupational therapy visits for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Inferential Unit Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Inferential Current Stimulation (ICS)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 11/21/14) Interferential current stimulation (ICS)

**Decision rationale:** Per the cited Guidelines, Interferential Current Stimulation (ICS) is "Not recommended 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." Per the cited guideline, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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 limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." Evidence of diminished effectiveness of medications or intolerance of medications is not specified in the records provided. History of substance abuse is not specified in the records provided. Evidence of significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity for Inferential Unit Purchase is not fully established for this patient at this juncture.