

<b>Case Number:</b>	CM14-0201298		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 43 year old with a work injury dated 1/24/14. The diagnoses include cervical spine sprain/strain; right wrist sprain/strain; left wrist sprain/strain; left ankle sprain/strain; lumbar spine sprain/strain; calcaneal spur; bilateral carpal tunnel syndrome. Under consideration are requests for interferential unit. There is a 9/19/14 progress note that states that the patient has decreased Jamar testing on the right. The patient has bilateral wrist and hand pain and pain in both fingers rated a 7/10. There is numbness and night pain. The pain is worse with activity and better with medication and rest. There is left heel pain that is constant 8/10 with pain and numbness and increased with activity and better with rest and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inferential Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Inferential current stimulation (ICS).

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

**Decision rationale:** Inferential unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that in regards to interferential therapy 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 this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain those criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The documentation does not indicate that the patient has had a one month trial of an interferential unit with documentation of efficacy and reduced pain medication. The request for interferential unit is not medically necessary.