

<b>Case Number:</b>	CM14-0206357		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 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:

The patient is a 56 year old male with an injury date of 04/28/14. Based on the 12/5/14 progress report provided by treating physician, the patient complains of urinary urgency, difficulty sleeping, shortness of breath upon exertion, pain to the neck, upper back, and shoulders, pain and swelling to the lower back, pain and swelling to the groin, and right elbow pain. Patient is status post right shoulder labrum repair in 1992 and in 1994, left lateral shoulder injury with acromioclavicular joint tear, arthroscopic surgery to repair ACL in 1983. Physical examination on 10/28/14 revealed tenderness, spasms, decreased ROM of C-spine; tenderness over SI joint, lumbosacral junction, decreased ROM; tender medial joint line, slight laxity with anterior drawer test, pain with Valgus stress, positive McMurrays, patellar grind; slight swelling of olecranon process; positive impingement right shoulder, decreased ROM bilaterally. X-ray imaging report dated 07/26/14 provided impression " Discogenic disease seen at C4-C6 with suggestion of associated bilateral foraminal encroachment... associated anterior spurring of the vertebrae... stenosis and narrowing of the apophyseal joints... moderate hypertrophic lipping of the lumbar spine manifested by anterior and lateral spurring...". As of 12/04/14 progress report, patient is not currently taking medications. Reports provided include physical therapy initial consult dated 10/06/14, do not contain record of physical therapy treatments to date. Diagnosis 10/28/14- Cervical spine musculoligamentous sprain/strain.- Thoracic spine musculoligamentous sprain/strain.- Lumbar spine musculoligamentous sprain/strain.- Bilateral shoulder sprain/strain- Right elbow sprain/strain.- Right knee sprain/strain.- Jaw complaints, deferred.- Internal medicine complaints, deferred. The utilization review determination being challenged is dated 10/28/14. The rationale is "Interferential Current Stimulation... Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments". Treatment reports were provided from 08/01/14 to 12/4/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home interferential current unit rental:** Upheld

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

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

**Decision rationale:** The patient presents with urinary urgency, difficulty sleeping, shortness of breath upon exertion, pain to the neck, upper back, and shoulders, pain and swelling to the lower back, pain and swelling to the groin, and right elbow pain. The request is for home interferential current unit rental. As of 12/04/14 progress report patient is not currently taking any medications. Reports provided include physical therapy initial consult dated 10/06/14, do not contain record of physical therapy treatments to date. MTUS (p118-120) states "Interferential Current Stimulation (ICS) 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.) Per progress report dated 10/28/14, treater has not provided documentation of ICS unit necessity as applied by the physician or a provider licensed to provide physical medicine as specified by MTUS guidelines. No discussion is made in regards to failure of more conservative measures such as physical therapy, home based exercises, medications; no history of substance abuse, etc. Additionally, given that the request is for an IF unit rental without a specific request for one-month trial, recommendation cannot be made. Therefore the requested interferential unit is not medically necessary.