

<b>Case Number:</b>	CM14-0209784		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/06/2010
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 65-year-old gentleman with a date of injury of 01/06/2010. A treating physician note dated 11/03/2014 identified the mechanism of injury as a fall resulting in pain and swelling in the right knee and ankle. This note indicated the worker was experiencing neck pain that went into both arms, left shoulder pain with spasm, lower back pain that went into both legs, right knee pain and weakness, left wrist pain, and right ankle pain and instability. The documented examination described a decreased upper back curve, tenderness in the upper back with associated trigger points, tenderness in the lower back, positive testing involving raising each straightened leg, positive sacroiliac stress testing on the right, tenderness in the left shoulder, positive left shoulder impingement sign, muscle loss in the right thigh, varus deformities involving both knees, tenderness in the right knee, and decreased sensation along the paths of the C6-C8 spinal nerves. The submitted and reviewed documentation concluded the worker was suffering from upper back musculoligamentous strain/sprain with radiculitis involving both arms, lower back musculoligamentous strain/sprain with radiculitis involving both legs, multilevel degenerative disk disease with neuroforaminal stenosis, left shoulder strain with bursitis and impingement syndrome, left shoulder joint degeneration, right knee patellofemoral arthralgia, and left wrist and right ankle pain. Treatment recommendations included medications; xrays of the upper and lower back, left shoulder, and right knee; a home interferential unit, and left shoulder ultrasound. A Utilization Review decision was rendered on 11/18/2014 recommending non-certification for the purchase of an interferential unit for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Interferential Unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** Interferential current stimulation is a type of electrical stimulation treatment for pain. The literature has not shown benefit from this treatment, possibly because of the limited quality studies available. The MTUS Guidelines support the use of this treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit, medications are causing intolerable side effects, a history of substance abuse limits the treatment options, the pain does not respond to conservative measures, and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. The submitted and reviewed documentation concluded the worker was suffering from upper back musculoligamentous strain/sprain with radiculitis involving both arms, lower back musculoligamentous strain/sprain with radiculitis involving both legs, multilevel degenerative disk disease with neuroforaminal stenosis, left shoulder strain with bursitis and impingement syndrome, left shoulder joint degeneration, right knee patellofemoral arthralgia, and left wrist and right ankle pain. There was no discussion suggesting the worker's medications were no longer providing benefit or had intolerable negative effects, a prior successful trial, or other issues supported by the guidelines as described above. In the absence of such evidence, the current request for the purchase of an interferential unit for home use is not medically necessary.