

<b>Case Number:</b>	CM15-0007594		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 18, 2013. In a Utilization Review Report dated December 15, 2014, the claims administrator partially approved a request for an interferential unit purchase as a 30-day trial of the same. The claims administrator did deny associated supplies, however. The claims administrator did reference a progress note of November 25, 2014 in its determination and noted that the applicant had a history of previous shoulder surgery. The claims administrator suggested that the applicant was using Norco and Motrin, amongst other medications. In a November 25, 2014 progress note, the applicant was placed off of work, on total temporary disability. The applicant received a shoulder corticosteroid injection. Ongoing complaints of neck and shoulder pain were evident. The applicant was apparently alleging development of various pain complaints secondary to cumulative trauma at work. Naprosyn, Prilosec, and Norco were prescribed, along with a transcutaneous electrotherapy device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential unit for purchase: 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 Interferential Current Stimulation topic. Page(s): 120.

**Decision rationale:** No, the proposed interferential unit purchase 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 following evidence of a favorable outcome during a previous one-month trial of the same, in terms of increased functional improvement, less reported pain, and evidence of medication reduction. Here, the request, as written, runs counter to MTUS principles and parameters as it suggests purchasing the device without previously undergoing an intervening one-month trial of the same. Therefore, the request was not medically necessary.

**Electrodes x 10 packs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Batteries x 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Set up and delivery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.