

<b>Case Number:</b>	CM15-0168582		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 injured worker is a 52 year old female, who sustained an industrial injury on 10-8-14. The injured worker is undergoing treatment for cervical strain-sprain with radiculitis, left and wrist shoulder strain-sprain, insomnia and anxiety and depression. Medical records dated 7-15-15 indicate the injured worker complains of neck and left shoulder pain rated 7 out of 10 and relieved with over the counter medication and left wrist pain rated 5-8 out of 10 with numbness and weakness. She reports anxiety, depression and insomnia related to the injury and pain. Physical exam notes cervical tenderness to palpation, tightness and spasm with positive Spurling's test. There is left shoulder decreased range of motion (ROM) with grinding, clicking, positive impingement and tenderness to palpation and the left wrist has decreased range of motion (ROM) with positive Tinel's, Phalen's and Finkelstein's, tests. Treatment to date has included X-rays, magnetic resonance imaging (MRI), chiropractic treatment, acupuncture and Aleve, Advil and ibuprofen. The original utilization review (8-13-15) found not medically necessary the request for interferential unit for 60 days indicating "records for review fail to demonstrate and evidence of conjunction treatment including return to work exercise or medication use. The isolated intervention would thus not be indicated".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit for 60 days for the left shoulder, left wrist and cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of failure of standard therapy or poor pain control on medication or a return to work plan. ICS is not medically necessary.