

<b>Case Number:</b>	CM15-0182707		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/03/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 64 year old female, who sustained an industrial injury on 12-3-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral sprain-strain, rule out lumbar disc protrusion, cervical sprain-strain, rule out cervical disc protrusion, bilateral knee sprain-strain, rule out bilateral knee internal derangement, status post-surgery to the right knee, bilateral shoulder sprain-strain with rule out bilateral internal derangement, bilateral wrist sprain-strain with rule out bilateral internal derangement, headaches, altered gait, insomnia, anxiety, and depression. On 7-27-2015, the injured worker reported low back pain radiating to the left foot with numbness, neck pain radiating to the left hand, left knee pain, right knee pain, pain to both shoulders, right greater than left, pain to both wrists radiating to all the fingers with numbness, right greater than left, and generalized headaches occurring daily with eye blurriness lasting several hours and partially relieved with medication. The Treating Physician's report dated 7-27-2015, noted the injured worker reported loss of sleep due to the pain. The injured worker was noted to have a moderate limp due to pain to the bilateral knees and lumbar spine. The physical examination was noted to show tenderness to palpation of the bilateral trapezii, C3-C4 spinous process, C5-C7 spinous processes, cervical paravertebral muscles, cervicothoracic junction, right upper trapezius, spinous processes and suboccipitals, bilateral SI joints, L3-L5 spinous processes, L5-S1 spinous process, lumbar paravertebral muscles, spinous processes, and thoracolumbar junction. Muscle spasms were noted in the cervical paravertebral muscles and lumbar paravertebral muscles, with cervical compression and straight leg raise causing pain. The right shoulder examination was noted to show tenderness to

palpation of the acromioclavicular joint, anterior shoulder, inferior border of the scapula, lateral shoulder, levator scapulae, and supraspinatus with muscle spasm of the anterior shoulder. The left shoulder examination was noted to show tenderness to palpation of the anterior shoulder, bicipital groove, lateral shoulder, medial border of the scapula, rhomboid, supraspinatus, and trapezius. The right knee was noted to have tenderness to palpation of the anterior knee, inferior border of patella, lateral joint line, lateral knee, medial joint line, medial knee, and popliteal fossa with muscle spasm of the anterior knee. The left knee was noted to have tenderness to palpation of the lateral joint line, lateral knee, medial joint line, medial knee, popliteal fossa, and superior border of the patella. Prior treatments have included physical therapy with E-stimulation, right knee cortisone injection with small relief, and right knee arthroscopic surgery 4-2-2015. The treatment plan was noted to include request for chiropractic treatments, medications including Naproxen, Omeprazole, Cyclobenzaprine, Ketoprofen compounded analgesic rub, FCMC compounded analgesic rub, MSU-IF unit for home use to alleviate pain, x-rays of the cervical and lumbar spine, bilateral shoulders, bilateral wrists, and bilateral knees, MRIs of the cervical and lumbar spine, bilateral shoulders, and bilateral knees, and request for a psychological evaluation and treatment as recommended. The injured worker's work status was noted to be currently working with limitations and temporarily totally disabled. The request for authorization dated 7-31-2015, requested Ketoprofen topical cream 120gm, FCMC compound topical cream 120gm, and a MSU-Interferential (IF) unit. The Utilization Review (UR) dated 8-17-2015, certified the request for Ketoprofen topical cream 120gm, conditionally non-certified the request for FCMC compound topical cream 120gm, and non-certified the request for a MSU-Interferential (IF) unit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MSU/nterferential (IF) unit:** 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:** The patient presents on 07/27/15 with lower back pain which radiates into the left lower extremity, neck pain which radiates into the left upper extremity, bilateral knee pain, bilateral shoulder pain (right worse than left) with pain and numbness in the bilateral fingers, and headaches. The patient's date of injury is 12/03/14. Patient is status post right knee arthroscopic chondroplasty and lateral meniscectomy on 04/02/15. The request is for MSU/INTERFERENTIAL (IF) UNIT. The RFA is dated 07/31/15. Physical examination dated 07/27/15 reveals reduced cervical range of motion in all planes, with tenderness to palpation noted in the bilateral trapezii, cervical spinous processes, cervicothoracic junction, positive cervical compression test and spasms noted throughout the cervical paraspinal musculature. Lumbar Spine examination reveals tenderness to palpation of the bilateral SI joints, lumbar spinous processes, lumbar paravertebral musculature, with pain elicitation upon straight leg raise testing (unspecified). The provider also notes tenderness to palpation of the bilateral shoulders

and reduced range of motion in all planes, tenderness to palpation of the bilateral wrists with positive Tinel's sign noted bilaterally, and tenderness to palpation of the bilateral knees with positive McMurray's sign noted bilaterally. The patient is currently prescribed Atorvastatin, Glucosamine, Calcium, Vitamin E, Fish Oil, Vitamin D, and Omeprazole. Patient is currently working with modified duties. MTUS Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy section, pages 118-120, under Interferential Current Stimulation has the following regarding ICS units: "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: 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.) If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A jacket should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person." In regard to the purchase of an IF unit for this patient's continuing multi-system pain, evidence of a successful 30 day trial has not been provided. There is no evidence that this patient has trialed an IF unit to date. Were the request for a 30 day rental or trial the recommendation would be for approval. However, the purchase of an IF unit without first demonstrating efficacy with a 30 day trial does not meet MTUS guideline procedures and cannot be substantiated. Therefore, the request IS NOT medically necessary.