

<b>Case Number:</b>	CM15-0192935		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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, New York, 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 54-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of April 24, 2014. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve a request for an interferential stimulator device with associated garment - 30-day trial. The claims administrator referenced an RFA form received on September 22, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten progress note date September 8, 2015, the applicant reported multifocal complaints of shoulder, wrist, and hand pain with associated upper extremity paresthesias. The applicant was using over-the-counter NSAIDs for pain relief, it was reported. The note was difficult to follow and not altogether legible. The applicant was given diagnoses of subacromial bursitis, elbow epicondylitis, and carpal tunnel syndrome. On September 22, 2015, the applicant again reported multifocal complaints of wrist, shoulder, and elbow pain. A full-modality interferential stimulator device 30-day trial was sought. Work restrictions were endorsed. There was no mention of the applicant's having failed analgesic medications on this date. The applicant's medication list was not clearly described or characterized on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INF unit with garment 30 day trial for bilateral shoulders and wrists: 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:** No, the request for an interferential stimulator unit with associated conductive garment "30-day trial" was not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a 30-day trial of an interferential stimulator device is possibly appropriate in applicants in whom pain is ineffectively controlled due to diminished effectiveness of medications, in applicants in whom pain is ineffectively controlled owing to medication side effects, and/or applicants who have a history of substance abuse which would prevent provision of analgesic medications, here, however, no such history was furnished on handwritten office visits of September 8, 2015 and September 22, 2015, neither of which furnished the applicant's medication list. The September 8, 2015 office visit, however, did state that the applicant was employing over-the-counter NSAIDs for pain relief, seemingly obviating the need for the interferential stimulator device in question. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that a jacket or conductive garment should not be approved until after a one-month trial and only with documentation that an applicant is incapable of applying stimulation pads alone or with the aid of another individual. The request, thus, as written, was at odds with page 120 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.