

<b>Case Number:</b>	CM15-0204070		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	08/26/2003
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59 year old female who reported an industrial injury on 8-26-2003. Her diagnoses, and or impressions, were noted to include: bilateral shoulder tendinitis with impingement syndrome; right hand carpal tunnel syndrome; cervical spine disc herniation and degeneration; lumbar spine multi-level disc herniations; and left knee myoligamentous sprain-strain with internal derangement. No imaging studies were noted. Her treatments were noted to include: a home exercise-stretching program; heat therapy; medication management; and rest from work. The progress notes of 7-22-2015 reported: pain in the neck with radicular symptoms into the bilateral arms that were aggravated by lifting; lower back pain with radicular symptoms into the bilateral legs, aggravated by prolonged sitting, standing, movements, coughing, sneezing, and lifting; and of increased cramping in her legs. The objective findings were noted to include: positive cervical foraminal compression and Spurling's tests; tightness and spasms in the trapezius, sternocleidomastoid and straps muscles, right > left; positive bilateral straight leg raise test at 75 degrees; tightness and spasm in the bilateral lumbar para-spinal musculature; hypoesthesia along the bilateral anterior lateral aspect of the foot-ankle, and lumbosacral dermatomes; and weakness in the big toes with bilateral dorsiflexion and plantar flexion. The physician's requests for treatment were noted to include an interferential unit for home use, to be used as needed to help control pain and inflammation, and increase circulation. No Request for Authorization for an interferential unit for home use was noted in the medical records provided. The Utilization Review of 9-18-2015 modified the request for an interferential unit for home use, to a 1 month rental 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:

**Interferential Unit for Home Use:** 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:** Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, pages 118-119 state, "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues". As there is insufficient medical evidence regarding use in this clinical scenario. In addition the request does not specify whether it is for rental or purchase. Therefore the request is not medically necessary.