

<b>Case Number:</b>	CM15-0205280		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 69 year old female who sustained an industrial injury on 4-29-2011. A review of the medical records indicates that the injured worker is undergoing treatment for status post cervical spine fusion C4-C7 with revision, bilateral shoulder impingement and bilateral elbow medial-lateral epicondylitis. The progress report dated 9-10-2015 did not included subjective complaints. Per the treating physician, the injured worker was temporarily totally disabled. Objective findings (9-10-2015) revealed tenderness to palpation to the right shoulder with positive impingement. The progress report was hand written and difficult to decipher. There was tenderness to palpation to the right knee and right elbow. There was decreased range of motion of the right elbow with pain. Treatment has included surgery, aquatic therapy, home interferential unit and medications (Norco, Norflex, Neurontin and Topamax.) The request for authorization was dated 9-10-2015. The original Utilization Review (UR) (9-25-2015) modified a request for supplies for interferential home unit to interferential home unit supplies x1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Supplies for interferential home 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 claimant sustained a cumulative trauma work injury with date of injury in April 2011 and is being treated for neck, upper extremity, and knee pain. She underwent a cervical fusion in September 2012 with revision surgery in June 2014. When seen in September 2015 she was having bilateral shoulder and elbow and right knee pain. There was right shoulder tenderness with positive impingement testing. There was decreased shoulder range of motion and active right elbow range of motion was decreased and painful. There was right knee tenderness with patellofemoral crepitus. Authorization for right shoulder surgery had been requested. Requests included interferential stimulation unit replacement supplies to decrease spasms and medication use and to increased activities of daily living. The specific supplies being requested were not documented. Interferential stimulator is an option when conservative treatments fail to control pain adequately. In terms of the electrodes, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1-3 months at a minimum. When powered using batteries, either rechargeable or disposable batteries will need replacement again depending on device use. In this case, the claimant already uses an interferential stimulator with reported benefit and the fact that replacement supplies are needed is consistent with its continued use and efficacy. However, the specific supplies being requested are not specified and for this reason, the request is not medically necessary.