

<b>Case Number:</b>	CM15-0063191		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 08/30/12. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, acupuncture, right elbow surgery, and injections. Diagnostic studies include x-rays and a MRI. Current complaints include right elbow pain. Current diagnose include right elbow sprain and laterally epicondylitis, status post right elbow lateral epicondyle release and chronic pain syndrome. In a progress note dated 03/05/15, the treating provider reports the plan of care as a trial of Pamelor, an interferential stimulator unit, and physical therapy to the right elbow. The requested treatment is an interferential unit with garment for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential (IF) unit with garment, right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous eletrotherapy, Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** This 52 year old female has complained of elbow pain since date of injury 8/30/12. She has been treated with surgery, acupuncture, physical therapy and medications. The current request is for Interferential unit with garment, right elbow. Per the ACOEM guidelines cited above, Interferential unit is not indicated in the treatment of forearm, wrist and hand complaints. Based on the available medical documentation and per the ACOEM guidelines cited above, Interferential unit, right elbow is not indicated as medically necessary.