

<b>Case Number:</b>	CM15-0240420		
<b>Date Assigned:</b>	12/17/2015	<b>Date of Injury:</b>	08/21/2015
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	11/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2015

### 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 53 year old female who sustained a work-related injury on 8-21-15. Medical record documentation on 11-9-15 revealed the injured worker was being treated for status post left shoulder arthroscopy, right shoulder periscapular strain with impingement, lumbosacral musculoligamentous sprain-strain, cervical-trapezial musculoligamentous sprain-strain, thoracic musculoligamentous sprain-strain, bilateral elbow medial and lateral epicondylitis, bilateral forearm and wrist extensor and flexor tendinitis and bilateral knee patellofemoral arthralgia. She reported cervical spine pain with radiation of pain to the left upper extremity and lumbosacral with radiation of pain to the lower extremity(s). The handwritten subjective complaints were difficult to decipher. The injured worker rated her cervical spine and lumbar spine pain a 2-10 on a 10-point scale and had completed 2 of 8 physical therapy sessions. Objective findings included pain with cervical spine range of motion and tenderness to palpation of the bilateral patella. Other handwritten documentation of objective findings was difficult to decipher. A request for unknown interferential unit was received on 11-13-15. On 11-18-15, the Utilization Review physician determined unknown interferential unit was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown interferential 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 August 2015. She underwent a left rotator cuff repair in 2001. In November she was having neck and low back pain radiating to the left upper extremity and left lower extremity, bilateral knee pain, and bilateral shoulder, elbow, and wrist pain. Physical therapy was helping temporarily during treatments. Physical examination findings included pain with range of motion. There was bilateral patellar tenderness with crepitus and positive patellar grind testing. There was bilateral shoulder and elbow tenderness with positive shoulder impingement and Cozen's tests. Tinel's testing was negative. Authorization was requested for chiropractic treatments, Ultram, and an interferential unit. Criteria for a one month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction during the trial. In this case, the claimant has not undergone a trial of interferential stimulation. Providing an interferential unit for indefinite use without evidence of effectiveness during a home-based trial is not medically necessary.