

<b>Case Number:</b>	CM14-0142987		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 56 year-old right-hand dominant female with a date of injury on July 17, 2013. The mechanism of injury for the July 17, 2013 complaint is slip and fall where she experienced immediate pain to her neck, shoulders, and knees. Per the December 2, 2013 records, the injured worker reported constant neck pain associated with headaches and limited range of motion. Pain radiates into her shoulder blade. She also complained of constant pain in her shoulders associated with limited range of motion. There were cracking and popping sounds in her shoulder. Pain radiates into her shoulder blades. She also reported constant pain in her bilateral wrists with radiation into her fingers causing pain. There was swelling sensation and pain in her fingers. She also stated constant pain in her right groin into her right knee and into her groin area causing sharp pain. She has suffered from fibromyalgia since 1998. A cervical spine examination noted midline, bilateral paravertebral, and bilateral trapezius tenderness. Range of motion was limited in all planes. Bilateral shoulder examination noted bilateral trapezius tenderness and decreased flexion, abduction, and internal rotation bilaterally. Lumbosacral examination noted antalgic gait on the right. She was unable to heel and toe walk. Bilateral paravertebral tenderness with guarding was noted. Range of motion was limited in all planes. A right knee examination noted Q angles at 10 degrees of valgus on the right five degrees on the left. Tenderness was noted on both knees at the lateral patellar facet, medial patellar facet, and medial joint bilaterally. Range of motion was limited on flexion bilaterally. Pain was noted on forced flexion or extension of both knees. Apprehension sign and crepitus were positive bilaterally. X-rays were reviewed and noted mild degenerative changes at C5-6 and C6-7. Shoulder x-rays noted some greater tuberosity changes. Lumbar spine x-rays noted minimal degenerative changes with a 50% decrease in disc space at L2-3. Knee x-rays including weight-bearing revealed minimal degenerative changes of the right knee, mostly at the lateral joint and

left medial views revealing slight decrease in the joint space. She is diagnosed with (a) work-related injury, cervical spine, shoulder, lumbar spine, and knees, secondary to injuries of September 28, 2012 and July 17, 2013. Continuous trauma claim filed when stopped working; (b) osteoarthritis of the knees, right greater than left, and (c) pre-existing fibromyalgia secondary to 1997 work-related injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Interferential Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

**Decision rationale:** Evidence-based guidelines indicate that 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. Findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic studies. In addition, there is no evidence that a one-month trial have been made which should document the effects and benefits of this treatment. Based on the aforementioned reasons, the retrospective request of interferential unit with date of service December 2, 2013 is not medically necessary.