

<b>Case Number:</b>	CM14-0160750		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Internal Medicine, Pulmonary Diseases 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 40-year-old male who reported injuries when he slipped on some ice and was falling forward and then grabbed onto an object to catch himself from falling to the floor on 08/30/2010. On 09/03/2014, his diagnoses included frozen shoulder on the right status post manipulation and lysis of adhesions, epicondylitis medially with multiple injections exquisite in nature status post release on 08/21/2014, ulnar neuritis with negative nerve studies presently stable, elements of depression, sleep and stress, and chronic pain related to depression, sleep, and stress. He was 10 days post-surgery. The treatment plan included passive and active motion, cold wrap, TENS unit for chronic pain control, and medications including Nalfon 400 mg, tramadol ER 150 mg, Protonix 20 mg, LidoPro cream, and Terocin patches. There was no rationale included in this injured worker's chart. A Request for Authorization dated 09/03/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 IF or muscle stimulator and conductive garment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

**Decision rationale:** The request for 1 IF or muscle stimulator and conductive garment is not medically necessary. The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications. 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 postoperative knee pain. Although it has been proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there was insufficient literature to support interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy. The therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode placement technique. The body part or parts to which this interferential unit was to have been applied was not specified nor were there any parameters for frequency of stimulation, pulse duration, treatment time, or electrode placement. Therefore, this request for 1 IF or muscle stimulator and conductive garment is not medically necessary.