

<b>Case Number:</b>	CM14-0163593		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/29/2006
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Physical Medicine and Rehabilitation 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:

This 51 year-old patient sustained an injury on 4/29/06 while employed by [REDACTED]. Request(s) under consideration include IF unit, 1 month rental, and supplies cervical spine. Diagnoses include brachial neuritis/ radiculitis. Report of 5/1/14 from the orthopedic provider noted the patient was declared P&S (permanent and stationary) previously; described pain to lumbar, left hip, left knee, and left foot s/p hip fracture. Exam showed lumbar paravertebral muscle spasm, tenderness, and guarding with left knee motor strength of 4/5 s/p (status post) CVA (cerebrovascular accident) being followed by neurologist. Diagnoses include foot fracture, lumbosacral radiculopathy; and knee sprain/strain. No treatment was rendered. Report of 6/3/14 from the provider noted the patient had left hemiplegia and was wheelchair bound; had severe left thalamic central pain with difficulty concentrating with decreased sense of smell, taste and motor function. Exam showed right side with dermatomal hypesthesia at outer thigh, leg and plantar foot; left ventral medial arm, forearm, thenar and hypothenar with decreased sensation; DTR 4+ on left with clones; upgoing Babinski on right with DTRs 3+ and clonus; left shoulder tender without instability. The patient was reported to have stress due to chronic pain, hemiplegia, financial difficulties and ability to work. Treatment included comprehensive post CVA rehabilitation with EKG to determine intracranial status. The request(s) for IF unit, 1 month rental, and supplies cervical spine was non-certified on 9/4/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit, 1 month rental, and supplies cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 119-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy/Interferential Current Stimulation (ICS) Page(s): 115-118.

**Decision rationale:** The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs (activities of daily living), decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant the interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The IF unit, 1 month rental, and supplies cervical spine for home use is not medically necessary and appropriate.