

<b>Case Number:</b>	CM14-0097069		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 53 year old male with an injury date of 10/01/13. Based on the 6/13/14 progress report by [REDACTED], this patient states L sho - improving. Exam of this patient shows some decreased range of motion. Musculoskeletal exam of this patient "is positive for joint pain, muscle spasm, and sore muscles." Current medication taken is OTC Alleve: pain with meds is 1/10 and pain without meds is 2-3/10, on a 01-10 pain scale. Work status per 6/13/14: "Return to usual and customary duties on: 6/13/14 trial basis." Diagnoses for this patient are: 1. C-Spine sp/str LUE radic 1-2 mm DP/FAC/Stenosis 2. Spondylosis C2-C7 per MRI 3/20143. L sho sp/str/imp. The utilization review being challenged is dated 6/16/14. The request for authorization for an interferential current unit for home use was originally requested 3/04/14. The request is for 2 months DME Rental of IF Unit with 8 Packs Electrodes, 24 Power Packs, 32 Adhesive Remover Towel Mint, 1 Shipping & Handling and 1 Lead wire for symptoms related to Cervical and Left Upper Extremity Injury. The requesting provider is [REDACTED] and he has provided various reports from 3/04/14 to 6/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Rental of IF Unit with 8 packs electrodes, 24 power packs, 32 adhesive remover towel mint, shipping and handling, 1 lead wire for symptoms related to cervical and left upper extremity injury: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Clinical Evidence; BMJ Publishing Group, Ltd.:London, England; [www.clinicalevidence.com](http://www.clinicalevidence.com); Section: Musculoskeletal Disorders; Condition: Shoulder Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** This patient presents with cervical pain and left shoulder pain. The request is for 2 months DME Rental of IF Unit with 8 Packs Electrodes, 24 Power Packs, 32 Adhesive Remover Towel Mint, 1 Shipping & Handling and 1 Lead wire for symptoms related to Cervical and Left Upper Extremity Injury. Per MTUS guidelines, interferential units are recommended if medications do not work, history of substance abuse, or for post-operative pain control. The 6/13/14 progress report notes the current medication taken is OTC Aleve: pain with meds is 1/10 and pain without meds is 2-3/10, on a 01-10 pain scale. There is no documentation of ineffective pain control with patient's current meds, or a history of substance abuse. Furthermore, this patient is neither post-op, nor limited in his ability to participate in a home exercise program. Additionally, the request for a two months rental period exceeds the MTUS guidelines for a one-month trial, in which to study the effects and benefits. Recommendation is for denial.