

<b>Case Number:</b>	CM15-0120324		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	04/29/2015
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 year old male/female, who sustained an industrial injury on 04/29/2015. The injured worker reported bilateral wrist/hand pain, bilateral elbow pain, bilateral shoulder pain and neck pain as a result of normal work duties as a required such as answering phone and non-ergonomic keyboard. On doctors first report of occupational injury or illness dated 05/29/2015. On examination of the bilateral shoulder revealed tenderness to palpation, bilateral elbows revealed tenderness to palpation, bilateral wrists/hands revealed tenderness to palpation, cervical spine revealed tenderness to palpation with spasm/muscle guarding over the paravertebral musculature and trapezius muscles. The diagnoses have included cervical/trapezial musculoligamentous sprain/strain, bilateral shoulder periscapular sprain/strain and impingement, bilateral elbow medial and lateral epicondylitis and bilateral wrist sprain/strain. The provider requested Interferential Unit to decreased muscle spasm.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Pain (updated 04/30/15) Online Version.

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

**Decision rationale:** As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet a single guideline criteria for recommendation. There is no documentation of failure of standard therapy or poor pain control on medication. ICS is not medically necessary.