

<b>Case Number:</b>	CM15-0076207		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	09/01/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Preventive Medicine, Occupational 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 52-year-old female, who sustained an industrial injury on September 1, 2013. She reported slipping on some water on the floor, sustaining a twisting injury to her right shoulder, right wrist, and low back. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy and lumbago. Treatment to date has included MRI, epidural injection, acupuncture, physical therapy/aquatic therapy, and medication. Currently, the injured worker complains of moderate pain, stiffness, and weakness to the right shoulder. The Primary Treating Physician's report dated March 30, 2015, noted the injured worker reported her symptoms remained with no changes, rated a 6 on a scale on 1 to 10, with 10 being the most severe pain imaginable. The injured worker was administered an ultrasound guided trigger point injection to the right sacroiliac joint. The treatment plan was noted to include a request for authorization for a physical therapy program, and a request for authorization for an interferential unit for 30-60 day rental and purchase if effective for long term care with supplies as needed to manage pain and reduce medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30-60 days rental of an IF unit with purchase of supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential unit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 118-120.

**Decision rationale:** Due to the questionable benefits from the use of an IF unit, the MTUS Guidelines have very specific criteria for its use. Prior to a trial and rental at home, the Guidelines state that there should be a successful application by a health care professional with proven benefits. There is no documentation that this criterion has been met. There are no unusual circumstances to justify an exception to Guidelines. The 30-60 day rental of an IF unit with purchase of supplies is not supported by Guidelines and is not medically necessary.