

<b>Case Number:</b>	CM15-0095187		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/16/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old female, who sustained an industrial injury on June 16, 2012. She reported a left elbow and forearm injury. The injured worker was diagnosed as having right shoulder pain, left elbow pain in joint, and left lateral epicondylitis, failed release surgery. Diagnostic studies to date have included MRIs, x-rays, and electromyography/nerve conduction study. Treatment to date has included an elbow cast, physical therapy with electrical stimulation and vaso/massager, work modifications, steroid injections, and medications including oral pain, topical pain, anti-epilepsy, proton pump inhibitor, histamine 2 antagonist, antidepressant, and non-steroidal anti-inflammatory. The injured worker's recent signs and symptoms included left posterior elbow with numbness and tingling of the numbness and tingling of the left anterior and posterior elbow, forearm, wrist, and hand. On January 31, 2015, the physical exam revealed subacromial region tenderness and decreased flexion and abduction with pain of the right shoulder. The bilateral elbow exam revealed lateral epicondyle tenderness, pain with forced extension, decreased range of motion of the left elbow. The motor and reflexes of the bilateral upper and lower extremities were normal. The requested treatments included a 60 day home trial of an interferential stimulator. A utilization review determination indicates that the request was modified from 60 day trial to a 30 day trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Stimulator Home 60 day trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

**Decision rationale:** Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, it appears the patient has already had a 30-day trial authorized. Guidelines do not support a 60-day trial, and there is no provision to modify the current request. As such, the currently requested interferential unit is not medically necessary.