

Case Number:	CM13-0024740		
Date Assigned:	11/20/2013	Date of Injury:	03/07/2012
Decision Date:	01/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

The patient is a 34-year-old female with a reported date of injury on 03/07/2012. The patient presented with hand pain bilaterally, wrist pain bilaterally, forearm pain bilaterally, elbow pain bilaterally, tingling in the pinky, weakness in grip, weakness in arm strength in both arms, and radiating pain in the elbows. The patient had diagnoses including bilateral lateral epicondylitis and left medial epicondylitis. The provider's treatment plan included a request for a home interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

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

Decision rationale: The California MTUS guidelines note interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The

guidelines note it is possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. Within the provided documentation, it was unclear if the patient had undergone a 1 month trial to study the effects and benefits of an interferential unit for the patient's condition. There was no documentation regarding increased functional improvement, less reported pain, and evidence of medication reduction with the use of the interferential unit. Within the provided documentation, it was unclear if the patient's pain was ineffectively controlled due to diminished effectiveness of medications, if the patient's pain was ineffectively controlled with medications due to side effects, if the patient had a history of substance abuse, if the patient had significant pain from postoperative conditions limiting the patient's ability to perform exercise programs/physical therapy treatment, or if the patient had been unresponsive to conservative measures. Therefore, a request for a home interferential unit is neither medically necessary nor appropriate.