

<b>Case Number:</b>	CM13-0039187		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 & Rehabilitation has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 reported an injury on 03/04/2013. The mechanism of injury was repetitive use. The patient was diagnosed with bilateral carpal tunnel syndrome, right wrist avascular necrosis and ganglion cyst, and right medial epicondylitis. The patient complains of constant bilateral wrist and hand pain, rated 8/10 to 10/10, with radiation up to the forearm with associated occasional numbness and tingling. The patient reported the injury-related difficulties with self-care and personal hygiene, such as taking a shower, washing her hair, washing and drying her body, turning on and off faucets, getting dressed, putting on and taking off her shoes and socks, opening jars, and making meals. A physical examination of the wrist revealed mild tenderness upon palpation over the bilateral wrist, a positive Phalen's test, and a positive reverse Phalen's test bilaterally. The patient also had a positive Tinel's sign. The wrist range of motion with forward flexion was 60 degrees bilaterally, extension was 60 degrees bilaterally, radial deviation 20 degrees bilaterally, and ulnar deviation 30 degrees bilaterally. The sensory examination in the upper extremities revealed bilateral median nerve sensory deficits below the mid-forearm with paresthesias bilaterally. All remaining dermatomes were intact. Motor strength with all muscles was 5/5, with the exception of intrinsic muscle, which was 4/5, and thumb opposition, which was 4/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Pro-Tech multi-stimulator interferential unit: Upheld**

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

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

**Decision rationale:** CA MTUS states Interferential Current Stimulation (ICS) 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 patient complained of pain to the bilateral wrist and hand; however, the documentation does not indicate that the patient was participating in a home exercise program, physical therapy or had returned to work. Given the lack of documentation to support guideline criteria, the request is non-certified