

Case Number:	CM13-0039364		
Date Assigned:	12/18/2013	Date of Injury:	09/19/2012
Decision Date:	03/26/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/04/2013

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 Occupational Medicine, 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 42 year old female with date of injury of 9/19/2012. Patient sustained her injuries from habitual use of a punch hole at work and it sprang back suddenly. The initial doctor's first report lists her only diagnosis has wrist tendinitis/epicondylitis. From the date of the injury, the patient received conservative treatment from several physicians and a tendon sheath injection. It appears that she stopped treating on 11/07/2012. The patient procured a new primary treating physician on 07/12/2013. Her new PTP lists her subjective complaints as follows: Bilateral wrist pain, elbow pain and shoulder pain; neck pain; low back pain; stress, anxiety, and depression; sleep loss; skin rash; insect bite; and right knee pain. Following a lengthy physical examination, the new PTP lists the patient's diagnoses as: 1. Bilateral wrist sprain/strain; 2. Bilateral shoulder periscapular sprain/strain; 3. Cervical/trapezial musculoligamentous sprain/strain; 4. Lumbar musculoligamentous sprain/strain; 5. Left sacroiliac joint sprain; 6. Bilateral elbow sprain/strain; 7. Right knee sprain/strain; 8. Stress, anxiety, and depression; 9. Sleep loss; and 10. Skin rash.

IMR ISSUES, DECISIONS AND RATIONALES

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

OrthoStim: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 117-118, 121.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Interferential Current Stimulation (ICS).

Decision rationale: OrthoStim 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 randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain and knee pain. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique.