

Case Number:	CM13-0044522		
Date Assigned:	12/27/2013	Date of Injury:	07/28/2011
Decision Date:	07/14/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Internal 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 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/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 male with a date of injury on 7/28/11. The injury occurred when he backed up into an edge of metal and lacerated his left upper arm. Current diagnoses include status post left elbow laceration with probable ulnar nerve injury, complex regional pain syndrome, II, left ulnar nerve distribution, narcotic dependency, and chronic thoracolumbar sprain/strain. Treatment to date has included transcutaneous electric nerve stimulation (TENS), medications, and physical therapy. On 10/11/13 there was a note documenting that the patient is using "his interferential unit on a regular basis." The objective findings on that day included left upper extremity allodynia and sensitivity that is improved with persistent dense hypoesthesia in the left ulnar nerve distribution with progressive atrophy of the left upper extremity. Follow-up notes received on 10/25/13 do not document improvement that was achieved with the interferential unit and also do not outline a multimodal approach to the pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE SUPPLIES FOR INTERFERENTIAL UNIT CONSISTING OF ELECTRODES (SET OF FOUR (4)) TWELVE BATTERIES AND FOUR LEADS TO LEFT ELBOW: Upheld

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

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

Decision rationale: There has been long-term use of this device with no documentation of its beneficial effects for pain control management for this patient. The MTUS Chronic Pain Guidelines state that ICS may be appropriate if it has been documented and proven to be effective based on evidence of functional improvement and need for less pain medication after a 1 month trial. In this case ICS was used for more than 1 month with no documented improvement in the criteria noted above. As such, the request is not medically necessary and appropriate.