

Case Number:	CM13-0045522		
Date Assigned:	12/27/2013	Date of Injury:	02/25/2005
Decision Date:	05/23/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & 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 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 injured worker is a 56-year-old female who reported an injury on 03/27/2005. This injured worker was seen on 10/08/2013, whereupon, it was noted that the injured worker had ongoing wrist pain in the right upper extremity and iontophoresis had been approved, which would have been started that week. The injured worker had generalized right wrist tenderness, and had been diagnosed with osteoarthritis at the radial carpal joints. The injured worker's most recent clinical date is from 11/01/2013, whereupon, it stated the injured worker had no changes with her pain along the right ulnar styloid process. Objective findings noted tenderness to palpation along the right ulnar styloid process, and had been undergoing iontophoresis since 10/08/2013. This reportedly only gave her minor relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

IONTOPHORESIS 6-12 SESSIONS FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 263-265.

Decision rationale: Regarding the request for iontophoresis 6 to 12 sessions for the request wrist, according to California MTUS at ACOEM, support for iontophoresis and phonophoresis is

limited. Official Disability Guidelines has also been referred to in this case and it states that iontophoresis is under study as there is limited support for this treatment as well as phonophoresis, and these are more conservative than injection for delivery of steroid therapy. It further states that if done a trial of 2 may be accepted, and objective improvement must be documented. The injured worker's current clinical documentation does not specify that the injured worker has had increased improvement from the use of the iontophoresis. The only clinical documentation is dated on 11/01/2013, which stated the injured worker had felt minor relief. However, it is unclear as to what this was referring to. The majority of the clinical notes from 10/10/2013 through 10/29/2013, are handwritten and of poor quality making them fairly illegible. Therefore, part of information pertaining to the previous use of the iontophoresis may have been missed throughout the documentation. However, at this time without having sufficient support from the guidelines for the use of iontophoresis, the requested service cannot be considered medical necessary and is not medically necessary.