

Case Number:	CM13-0051614		
Date Assigned:	12/27/2013	Date of Injury:	04/05/2012
Decision Date:	05/15/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/14/2013

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 Orthopedic Surgeon and is licensed to practice in Texas. 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 64-year-old female who reported an injury on 04/05/2012. The mechanism of injury was not provided in the medical records. Her symptoms included right wrist pain. The physical examination noted in the documentation was illegible. The injured worker was diagnosed with elbow and forearm sprain/strain. Diagnostic studies were not included in the medical records. Past medical treatment included de Quervain's injection. The request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment- Interferential Stimulator with conductive garment and supplies: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, 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. While not recommended as an isolated intervention, if an interferential stimulator is to be used anyway, documented criteria includes pain ineffectively controlled due to diminished effectiveness of medications or side effects, history of substance abuse, significant pain from postoperative conditions limits the ability to perform an exercise program/physical therapy treatment, or unresponsive to conservative measures. If those criteria are met, then a 1-month trial may be appropriate. There should be evidence of increased functional improvement, a decrease in pain, and evidence of medication reduction. The documentation submitted for review indicated the injured worker had right wrist pain. However, as the documentation received was illegible, it is unclear whether the injured worker has been unresponsive to conservative measures such as physical therapy or medications. Additionally, as the guidelines state a 1-month trial may be appropriate if criteria have been met, the request as submitted failed to indicate a trial period. Therefore, the request is not supported. Given the above, the request for durable medical equipment, interferential stimulator with conductive garment and supplies, is non-certified.