

Case Number:	CM13-0057268		
Date Assigned:	12/30/2013	Date of Injury:	10/18/2011
Decision Date:	04/30/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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 Family Practice 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 37 year-old female who reported an injury on 10/18/2011. The mechanism of injury was not stated. The injured worker is diagnosed with cervical sprain and strain, thoracic sprain and strain, lumbar spine sprain and strain, left shoulder strain, right elbow medial and lateral epicondylitis, and bilateral wrist sprain. The injured worker was recently evaluated on 11/27/2013. The injured worker reported improvement in symptoms with acupuncture treatment. Physical examination of the right upper extremity revealed positive Tinel's and Phalen's testing, positive Finkelstein's testing, and positive Cozen's and reverse Cozen's testing. The injured worker also demonstrated paravertebral muscle guarding with spasm. Treatment recommendations at the time included ultrasound guided cortisone injections of the right De Quervain's and right carpal tunnels.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT- EXTENSION AND SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 117-121.

Decision rationale: California MTUS Guidelines state 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. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. As per the documentation submitted, there is no evidence of a failure to respond to conservative treatment. The injured worker reported improvement with acupuncture therapy. Guidelines further state, if the device is to be used, a 1 month trial should be initiated. The frequency and total duration of treatment was not specified in the current request. There is also no evidence of a treatment plan with the specific short and long-term goals of treatment with the interferential unit. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.