

Case Number:	CM13-0058237		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2012
Decision Date:	05/07/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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 and Rehabilitation, has a subspecialty in Pain 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 55 year old female who was injured on 04/20/2012. The mechanism of injury is due to the repetitive nature of her job duties. Prior treatment history has included ultrasound guidance, local anesthetic and corticosteroids were instilled into the right shoulder. The treatment history also includes medications such as Vasotec, Synthroid and ibuprofen. Diagnostic studies reviewed include MRI of the cervical spine dated 04/21/2012 revealed 1) Abnormal curve, small canal and degenerative disc disease with cervical and foraminal stenosis. There may be calcification of the posterior longitudinal ligament at several levels, vertebral body deformity is likely developmental and less likely post-traumatic. Electrodiagnostic Report dated 04/19/2012 revealed mild bilateral carpal tunnel syndrome and conservative treatment is recommended. EMG and nerve conduction study performed February 2012 revealed conduction delays into the median nerve distributions of both hands (carpal tunnel syndrome) and into the ulnar nerve distribution of the left hand (cubital tunnel syndrome). X-rays of the right shoulder shows axillary view, a cyst in the greater tuberosity. Additional Consultations include Neurologic Consultation Report dated 04/14/2012 states "The patient is suffering from paresthesias and numbness of her left hand, fourth and fifth digits or question of ulnar neuropathy versus radicular symptoms." Orthopedic Report dated 5/13/2013 indicated the patient has complaints of sudden increased pain, over the last few weeks, in the subacromial space at the right shoulder. She reports numbness into the left ring and little fingers. She states this numbness is present all the time. She has had symptoms in that hand for more than one year. Objective findings on exam revealed impingement signs are positive at the right shoulder. There is tenderness in the posterior aspect of the right shoulder. There is tenderness behind the left elbow. The elbow compression test is positive. There is numbness present to the back of the hand, in the distribution of the dorsal sensory branch of the ulnar nerve; Elbow reflex test is positive. The patient is diagnosed

with 1) Lateral epicondylitis, left; 2) Cubital tunnel syndrome, left; 3) Degenerative arthritis, carpometacarpal joint, right thumb. Surgical intervention was discussed with the patient. First Report of Occupational Injury dated 06/14/2012 documented the patient is diagnosed with joint disorder of the left hand and Joint disorder of the left forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME INTERFERENTIAL UNIT (ORTHOSTIM4), BODY PART NOT SPECIFIED:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-120.

Decision rationale: Per MTUS Guidelines, interferential current stimulation units are not recommended as an isolated intervention. There is no quality evidence for their effectiveness except in conjunction with other treatments such as return to work, exercise, and medications. Furthermore there is limited or no evidence for most pain conditions. Criteria for its use include: pain ineffectively controlled by medications, significant side effects to medications, history of substance abuse, unresponsive to other conservative treatments, or post-operative pain limits ability to participate in an exercise program. The medical records do not indicate any of these criteria have been met. Furthermore, there is no documented treatment plan pertaining to its use in conjunction with other treatments. Based on the lack of documentation, the request is non-certified.