

Case Number:	CM13-0059692		
Date Assigned:	02/21/2014	Date of Injury:	07/28/2010
Decision Date:	05/23/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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 Interventional Spine 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 47-year-old female with date of injury of 07/28/2010. The listed diagnoses per [REDACTED] dated 04/29/2013 are neck sprain/strain and bilateral carpal tunnel syndrome. According to the progress report, the patient complains of frequent neck pain radiating to the upper extremities. She rates her pain 8/10. She also reports frequent bilateral wrist pain with numbness and tingling. The patient states that she has utilized acupuncture with no benefit. The objective findings show cervical range of motion is mildly diminished. The bilateral wrist range of motion is also mildly diminished. The treating physician is requesting a purchase of an interferential unit and a purchase of a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF AN IF UNIT: 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.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction of the recommended treatments including return to work, exercise, and medications and limited evidence of improvement on those recommended treatments alone. In addition, a 1-month trial may be appropriate to permit the treater to study the effects and benefits of its use. The review of 291 pages of records do not show that the patient has trialed an IF unit. In this case, MTUS requires a trial of an IF unit to determine its efficacy in terms of function and pain reduction as required by the MTUS guidelines. The request for a purchase of a IF unit is not medically necessary and appropriate.

PURCHASE OF A COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS/ACOEM Guidelines are silent when it comes to this request; however, the Official Disability Guidelines (ODG) recommend at-home local applications of cold pack in the first few days of acute complaints, thereafter applications of heat packs. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. In this case, the treating physician is requesting the unit for the patient's generalized cervical pain. The ODG guidelines do not support the use of mechanical circulating units for the treatment of generalized cervical pain. The request for a purchase of a cold therapy unit is not medically necessary and appropriate.