

Case Number:	CM13-0060988		
Date Assigned:	12/30/2013	Date of Injury:	12/27/2011
Decision Date:	04/07/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 physician 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 31-year-old female who reported an injury on 07/21/2003. The patient was reportedly injured secondary to repetitive work duties. A Request for Authorization was submitted by [REDACTED] on 11/14/2013 for an interferential unit with electrodes. However, there was no physician progress report submitted on the requesting date. The latest physician progress report submitted by [REDACTED] is documented on 08/19/2013. The patient reported continuous right hand pain and numbness. Physical examination revealed positive Phalen's testing with decreased grip strength and decreased sensation. Treatment recommendations at that time included a Functional Capacity Evaluation. The patient currently maintains the diagnoses of hand sprain/strain and wrist tendinitis/bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT WITH ELECTRODES (18 PAIRS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, history of substance abuse, or significant pain from postoperative conditions. The patient does not currently meet any of the above mentioned criteria for the use of an interferential unit. Furthermore, California MTUS Guidelines state if the device is to be used, a 1 month trial should be initiated. There is no documentation of a successful 1 month trial period prior to the request for a purchase. There is no documentation of a treatment plan with the specific short and long term goals of treatment with the unit. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.