MAXIMUS Federal Services

Case Number:	CM13-0065563		
Date Assigned:	01/17/2014	Date of Injury:	10/13/2013
Decision Date:	05/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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 56-year-old female with a date of injury of 10/13/2013. The listed diagnoses according to [redacted] are: 1. Left wrist strain/sprain, rule out internal derangement. 2. Left hand strain/sprain, rule out internal derangement. 3. Left middle finger strain, rule out internal derangement. 4. Left forearm strain/sprain, rule out internal derangement. 5. Medial epicondylitis of the left elbow, rule out internal derangement. 6. Left shoulder strain/sprain, rule out internal derangement. According to report by [redacted] dated 11/04/2013, the patient presents for an initial evaluation for left wrist, hand, forearm, elbow, and shoulder pain. The treating Final Determination Letter for IMR Case Number CM13-0065563 3 physician states the patient has not reached maximum medical improvement based on patient's subjective complaints and objective findings. The patient may perform modified work with some restrictions. Recommendation is for purchase of an interferential home unit and heating pad for relief of pain and a left wrist brace for work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-120.

Decision rationale: This employee presents with continued left wrist, hand, forearm, and shoulder pain. The treating physician is requesting purchase of interferential unit. There is no evidence on medical reports that this employee has had a one-month trial of this unit or that the employee tried a TENS unit. The ACOEM, MTUS, and ODG Guidelines do not specifically address this unit. However, MTUS page 118 to 120 does discuss interferential current stimulators. The MTUS states, "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. The randomized trials that have evaluated effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and postoperative knee pain." In this case, the treating physician is requesting a purchase of a unit for home use. The MTUS states, "If those criteria are met, then a 1-month trial may be appropriate..." The request for the interferential stimulator is not medically necessary, and recommendation is for denial.