

<b>Case Number:</b>	CM14-0000119		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Sports 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 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 45 year old female who reported an injury on 11/04/2013 secondary to unknown mechanism of injury. The diagnoses include right de Quervain's tenosynovitis, mild right carpal tunnel syndrome, wrist tendinitis and left ankle sprain/strain with plantar fasciitis. The injured worker was evaluated on 12/06/2013 for reports of right wrist pain with numbness and tingling to the thumb and hand, thumb pain and left ankle and foot pain. The exam noted positive Tinel's, Phalan's and Finkelstein's tests. The exam also noted tenderness and crepitis to the left ankle. The treatment plan included ankle brace, physical therapy and OrthoStim4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 ORTHOSTIM4/INTERFERENTIAL STIMULATOR WITH CONDUCTIVE GLOVE & SOCK GARMENTS + SUPPLIES: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Page(s): 114-121.

**Decision rationale:** The California MTUS Guidelines do not recommend interferential current stimulation or transcutaneous electrical nerve as a primary treatment modality. When used as a

secondary modality, it is recommended for a one month trial use. There should be documentation of at least 3 months duration of pain and failed efficacy of other appropriate pain modalities. There is no indication in the documentation provided of prior conservative treatment such as physical therapy and medication trials. The request for 1 Orthostim4/Interferential Stimulator with conductive glove, sock garments, and supplies are not medically necessary and appropriate.