

Case Number:	CM14-0004451		
Date Assigned:	02/05/2014	Date of Injury:	01/11/2013
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

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 New York and 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 56 year old female who reported an injury on 01/11/2013. The mechanism of injury was repetitive motion. The injured worker underwent electrodiagnostic to the lower extremities on 11/07/2013 which revealed right S1 radiculopathy, to the upper extremities on 03/01/2013 which revealed severe left carpal tunnel syndrome with no evidence of ulnar or radial neuropathy or significant cervical radiculopathy, and to the upper extremities again on 09/12/2013 which revealed severe right carpal tunnel syndrome with improvement in the left median nerve following the surgery. The injured worker underwent a left carpal tunnel release on 04/25/2013 followed by approximately 11 sessions of physical therapy. The lumbar spine exam revealed a positive Kemp's test with spasms and tenderness of 2+ at the lumbar paraspinal muscles. Physical exam of the cervical spine revealed decreased range of motion with a positive Spurlings, spasms and tenderness of 2+ to the cervical paraspinal muscles. Examination of the bilateral wrists revealed decreased range of motion with a positive Phalen's and Tinal's test bilaterally. There was also hyosthesia noted to the upper extremities at C6, C7, C8, and T1 levels with decreased muscle strength of ¾ on the right and 4/5 to the left. The diagnoses for the injured worker included cervical and lumbar spine sprain/strain; status post left carpal tunnel release, and severe right carpal tunnel syndrome. The request for authorization for medical treatment was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE INTERFERENTIAL UNIT (PURCHASE): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, INTERFERENTIAL CURRENT STIMULATION, 118-120

Decision rationale: The Chronic Pain Medical Treatment Guidelines, state interferential 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 the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. Possibly appropriate for the following conditions; pain that is ineffectively controlled due to diminished effectiveness of medications, pain that is ineffectively controlled with medications due to side effects, a history of substance abuse, significant pain from postoperative conditions that limits the ability to perform exercise programs/physical therapy treatment, or when unresponsive to conservative measures such as repositioning, heat/ice, etc. If any of those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. There is a lack of documentation regarding conservative treatments the injured worker has previously undergone for the low back and cervical spine. The injured worker was reported to have completed 11 sessions of physical therapy on the left wrist. There is also a lack of documentation regarding the medications that have been utilized as well as the efficacy of those medications. There is a lack of documentation regarding a one month trial of the interferential unit and/or the results of that trial. In addition, the request does not specify the site at which the interferential unit is to be used; the guidelines state the unit is not recommended for the arms or wrists. Therefore, the request for one interferential unit purchase is not medically necessary.