

Case Number:	CM14-0004703		
Date Assigned:	01/24/2014	Date of Injury:	01/27/2013
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
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 & Rehabilitation 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 injured worker is a 44-year-old male who reported an injury on 01/27/2007 due to cumulative trauma. The injured worker reportedly developed bilateral upper extremity pain complaints. The injured worker's diagnoses included bilateral carpal tunnel syndrome. The injured worker's treatment history included physical therapy, medications, and steroid injections. The injured worker was evaluated on 12/26/2013. It was documented that the injured worker had 6/10 pain in the bilateral hands with tenderness to palpation of the trapezius musculature and a positive impingement sign. An interferential unit was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 118-120

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

Decision rationale: The MTUS Chronic Pain Guidelines recommends a 30-day trial of an interferential unit if there is documentation that the injured worker has failed other types of chronic pain management and when medication is not tolerated or must be reduced. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to a TENS unit. Additionally, there is no documentation that the injured worker has failed to respond to medications or that medications must be reduced for the injured worker. The request as it is submitted does not specifically identify whether the requested unit is for rental or purchase. There is also no documentation that the injured worker has undergone a 30-day trial of an interferential unit. As such, the requested interferential unit is not medically necessary or appropriate.