

Case Number:	CM14-0102315		
Date Assigned:	08/01/2014	Date of Injury:	07/09/2010
Decision Date:	09/19/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 patient is a 48 year old male who was injured on 07/09/2010. The mechanism of injury is unknown. Prior treatment history has included Xylocaine, Kenalog, transcutaneous electrical nerve stimulation (TENS) unit and physical therapy. The patient underwent a right carpal tunnel release on 04/18/2013. Progress report dated 01/13/2014 states the patient complained of right index finger and right wrist pain. He reported he cannot lift a knife or lift a box. Objective findings on exam revealed basilar thumb pain on push and pull. There is no tenderness of palmar cutaneous branch of the nerve. Diagnoses are stenosing tenosynovitis right index finger; neuroma of radial digital nerve to pulp and eponychium of the right index finger; status post neurolysis of the median nerve at the right carpal tunnel; and carpal metacarpal joint arthritis of the right thumb. The patient received Xylocaine into the right carpal metacarpal joint of the thumb. The most recent progress note dated 06/09/2014 documented the patient was working with restrictions. He has decreased pain in the right index finger. The notes provided are illegible. An interferential stimulator was requested on 06/09/2014. Prior utilization review dated 06/16/2014 states the request for DME- Interferential stimulator w/ supplies is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- Interferential stimulator w/ supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: As per the California MTUS Guidelines, interferential current stimulation (ICS) 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." Further guidelines indicate that the criteria for use of ICS is appropriate if, "- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." In this case, this patient is status post right carpal tunnel release. Past treatment includes medications, injections, TENS unit and physical therapy. The most recent progress note dated 06/09/2014 indicates patient is working with restrictions. There is documentation that he is participating in physical therapy and home exercises and taking medications. However, there is no documentation that patient has side effects with medications or unresponsive to conservative measures. Additionally, the most recent progress report is hand written and mostly illegible. The objective findings are very limited and there is no documentation of any significant functional limitations. Finally, the guidelines recommend one-month trial initially and continued treatment may be appropriate with documentation of increased functional improvement, less reported pain and evidence of medication reduction. It is unclear from the request whether the intended use of ICS is for one-month trial or long-term use. Therefore, based on all of the above reasons, the request for interferential stimulator w/ supplies is not medically necessary and appropriate.