

Case Number:	CM14-0108070		
Date Assigned:	09/24/2014	Date of Injury:	03/31/2011
Decision Date:	10/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 injured worker is a 51-year-old female who reported an injury due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her bilateral upper extremities. The injured worker was evaluated on 05/01/2014. It was recommended that the injured worker's treatment history included over-the-counter medications and hot and cold applications in combination with topical ointments and wrist braces. Objective findings included painful range of motion of the cervical spine. Objective findings of the bilateral elbows and forearms documented a negative Tinel's sign at the ulnar groove with tenderness to palpation over the proximal forearm and extensor muscle masses. Evaluation of the wrists and hands documented atrophy of the thenar pads bilaterally with tenderness to palpation over the wrist extensor tendons and a positive Phalen's and Tinel's test bilaterally. The injured worker had decreased sensation to pinprick in the thumb, index, long, and ring fingers bilaterally. The injured worker's diagnoses included cervical musculoligamentous sprain/strain, bilateral proximal forearm extensor muscle strain, bilateral wrist extensor tendinitis, carpal tunnel syndrome, and stress, anxiety, and depression. The injured worker's treatment plan included physical therapy, the home use of an interferential unit, electrodiagnostic studies, and a psychiatric consult. A request for authorization form was submitted on 05/01/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home IF Unit with Glove Attachment: Upheld

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

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

Decision rationale: The requested home interferential unit with glove attachment is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends an interferential unit for injured workers who have failed to respond to other conservative treatments to include physical therapy, activity modification, medications, and a TENS unit. The clinical documentation does not provide any evidence that the injured worker has been provided a TENS unit that has failed to provide adequate symptom control. Additionally, California Medical Treatment Utilization Schedule recommends a 30 day trial with documented functional improvement to support the purchase of a home interferential unit. The clinical documentation does not provide any evidence that the injured worker has undergone a trial with documented functional benefit to support the purchase of a home interferential unit. As such, the requested home interferential unit with glove attachment is not medically necessary or appropriate.