MAXIMUS Federal Services

Case Number:	CM14-0113627		
Date Assigned:	08/01/2014	Date of Injury:	06/26/2012
Decision Date:	09/22/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/18/2014

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 29 year old female who was reportedly injured on 06/26/2012. Mechanism of injury is gradually developing pain at the left fingers radiating up to the elbow associated with numbness and tingling which accumulated while performing routine duties as a software tester. An office visit dated 05/16/2014 noted the injured worker with complaints of numbness, tingling and pain in the arms and cervical spine. Electromyography is consistent with carpal tunnel syndrome and ulnar nerve involvement. An exam shows positive Phalen's and Tinnel's signs, positive elbow flexion test and numbness in the right little finger. The request for Interferential Unit with 18 pairs electrodes (purchase) was not certified on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit with 18 pr electrodes (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

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

Decision rationale: Per guidelines, interferential unit 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. While not recommended as an isolated intervention, the device is possibly appropriate for certain conditions if documented and proven to be effective: If 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). In this case, there is no documentation if any of the criteria is met. Therefore, the medical necessity of the requested device is not established per guidelines.