

Case Number:	CM14-0124326		
Date Assigned:	08/08/2014	Date of Injury:	05/29/2012
Decision Date:	11/26/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/06/2014

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 Internal Medicine 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 (IW) is a 25-year-old woman with a date of injury of May 29, 2012. She reported CTD (?). She had injuries of the arm, hand and wrist from working. Treatment history: Medications, wrist splint, and physical therapy. EMG studies dated July 20, 2012 showed mild left ulnar neuropathy at the elbow. The IW was scheduled for left cubital tunnel release with medial epicondylar repair; submuscular transposition ulnar nerve; carpal tunnel and ulnar nerve decompression at the wrist. The Interferential unit (SURGI-STIM) will be for post-operative use to decrease pain, increase circulation and prevent atrophy. Pursuant to the progress note dated January 23, 2014, the IW has continued with post-op care and is awaiting authorization for additional therapy. There are no subjective complaints documented. Objective findings revealed right and left shoulder localized tenderness and satisfactory range of motion without discomfort. There is no right elbow soft tissue swelling. There is very mild tenderness to palpation over the medial and lateral epicondyle. Flexor and extensor origins without palpable defects. There is a mildly positive elbow flexion sign without ulnar nerve subluxation. The left elbow revealed a well healed mildly tender incision. There is no soft tissue swelling or infection. There is limited range of motion: 0-120 degrees. The right wrist revealed no soft tissue swelling or tenderness to palpation over the radiocarpal joint. There is a positive Palen's sign and a median nerve compression sign. There is a well-healed tender incision at the left wrist. There is no soft tissue swelling or infection. There is limited range of motion of the wrist. Diagnoses include: Bilateral medial and lateral epicondylitis with cubital tunnel syndrome of the elbows; right carpal tunnel syndrome; left wrist tendinitis and carpal tunnel syndrome; and status-post left cubital tunnel surgery on October 22, 2013. Current medications are not documented. The treating physician instructed the IW in soft tissue modalities, exercise and participation in activity as tolerated. Medications were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Surciistim 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Interferential Unit

Decision rationale: Pursuant to the Official Disability Guidelines, the Interferential unit (Surgi-stim) (ICS) is not medically necessary. The guidelines state ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications. There is limited to evidence of improvement on those recommended treatments alone. The randomized trials that evaluated the effectiveness of this treatment have included studies for back pain, soft tissues of the shoulder, cervical neck pain and knee pain. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. In this case, the injured worker was scheduled for surgery and the ICS was to be used postoperatively to decrease pain, increase circulation and prevent atrophy. However, as noted above, the randomized trials were either negative or insufficient for recommendation. There is no documentation on the record (progress notes) indicating the short term and long term goals of the ICS, Consequently, there is no clinical peer-reviewed, evidence-based guidelines that recommend ICS. Based on the final information in the medical record and the peer-reviewed evidence-based guidelines, Interferential Unit (Surgi-stim) is not medically necessary.