

Case Number:	CM14-0128265		
Date Assigned:	08/15/2014	Date of Injury:	06/16/2014
Decision Date:	09/25/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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 53-year-old male who reported an injury after he fell on 06/16/2014. The clinical note dated 07/18/2014 indicated diagnoses of: left wrist comminuted fracture of the scaphoid bone and tear of the triangular fibrocartilage complex, left knee anterior cruciate ligament and medial collateral ligament tear with avulsion fracture from the medial femoral epicondyle, avulsion fracture of the arcuate ligament insertion into the fibular styloid, partial tearing of the conjoined tendon insertion and sprain of the fibular collateral ligament, right knee sprain/strain, right hand fourth and fifth metacarpophalangeal joint sprain, thoracic musculoligamentous sprain/strain, and cervicogenic headaches. The injured worker reported left wrist pain; bilateral knee pain, left side greater than right; right hand fourth and fifth finger pain; upper and mid-back pain; and headaches. On physical examination of the thoracic spine the injured worker had thoracic kyphosis, mild tenderness to palpation with muscle spasms over the paraspinal muscular, left side greater than right. The injured worker's range of motion of the thoracic spine revealed flexion of 38 degrees, right rotation of 17 degrees, and left rotation of 19 degrees. The examination of the bilateral wrist and hands revealed swelling over the left wrist dorsal radial aspect, tenderness to palpation at the left wrist was present over the dorsal capsule as well as over the area of the triangular fibrocartilage complex and scaphoid. The injured worker had tenderness to palpation at the right wrist and hand over the dorsal aspect of the fourth and fifth metacarpophalangeal joints. The injured worker's range of motion of the left wrist revealed flexion of 44 degrees, extension of 43 degrees, radial deviation of 9 degrees and ulnar deviation of 17 degrees. The range of motion of the right wrist revealed flexion of 60 degrees, extension of 60 degrees, radial deviation of 20 degrees and ulnar deviation of 30 degrees. The range of motion of the right ring and little fingers: at the right finger distal interphalangeal joint flexion was 70 degrees and extension was 0 degrees, the proximal interphalangeal joint flexion

of 87 degrees and extension of 0 degrees, at the metacarpophalangeal joint flexion of 81 degrees and extension of 20 degrees; at the little finger the distal interphalangeal joint flexion of 70 degrees and extension 0 degrees, and at the proximal interphalangeal joint flexion of 89 degrees and extension of 0 degrees, at the metacarpophalangeal joint flexion of 82 degrees and extension of 20 degrees. The range of motion of the remaining digits of the bilateral hands was within normal limits. The examination of bilateral knees revealed slight to mild swelling over the left knee with tenderness to palpation at the left knee over the medial joint line; tenderness to palpation to the right knee was present over the peripatellar region. McMurray's test elicited diffuse knee pain bilaterally. The range of motion of the right knee revealed flexion of 107 degrees and extension was 0 degrees. The range of motion of the left knee revealed flexion of 90 degrees and extension of 0 degrees. The injured worker's muscle weakness was 4/5 of the left knee upon flexion and extension. The injured worker ambulated with the use of crutches. The injured worker's treatment plan included: surgical consultation with an orthopedic hand surgeon, authorization for a course of physical therapy, authorization for home interferential unit, and follow up in the office in 4 weeks. The injured worker's prior treatments were not provided within the documentation submitted. The injured worker's medication regimen was not provided within the documentation submitted. A Request for Authorization dated 07/18/2014 was submitted for 1 home interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 167, 300.

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

Decision rationale: The request for One Home Interferential Unit is not medically necessary. The California MTUS guidelines do not recommend a Interferential unit 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. It may possibly be appropriate for the following conditions if documented, that pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is history of substance abuse, significant pain from postoperative conditions which limits the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures. There is lack of documentation indicating a history of conservative measures. In addition, the request does not indicate a body part for the home interferential unit. Moreover, the interferential current stimulation unit is recommended for treatment of sub-acute or chronic low back pain. Therefore, the request is not medically necessary.