

<b>Case Number:</b>	CM14-0155593		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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, has a subspecialty in Pain 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 sustained an original industrial injury on April 16, 2013. The injured worker has industrial diagnoses of bilateral carpal tunnel syndrome, wrist pain, and is status post right DeQuervain's release. The disputed issues are for 6 sessions of acupuncture and an interferential stimulator for home use. These were requested on date of service February 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**trial of acupuncture for 6 sessions for the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** A review of the submitted documentation fails to reveal whether or not this injured worker had previous acupuncture treatment to the wrist. Without this information, this request is not medically necessary.

**Interspec IF II & supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Interferential Current Stimulation (.).

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

**Decision rationale:** The CA MTUS specifies on page 118-120 of the Chronic Pain Medical Treatment Guidelines the following regarding Interferential Current Stimulation (ICS): "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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. In addition, although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions." It should be noted that the Chronic Pain Medical Treatment Guidelines supersede those of the ACOEM and Official Disability Guidelines with respect to interferential stimulator therapy. Given the paucity of literature to support the use of interferential stimulation, this request is not medically necessary.