

Case Number:	CM14-0156588		
Date Assigned:	09/26/2014	Date of Injury:	07/02/2012
Decision Date:	12/15/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/24/2014

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 Occupational 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 patient is a 57-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of 7/2/2012. Medical records from 2014 were reviewed. The patient complained of right thumb swelling, numbness, tingling and weakness. Pain was rated 2-4/10 in severity. Physical examination showed normal appearance and color of the hand. There were no lacerations, abrasions, contusion or puncture wounds. Tenderness was noted over the radial styloid. Tinel's sign was negative. Phalen's test was negative. Finkelstein's was positive. Range of motion of the right 1st digit interphalangeal, metacarpophalangeal and carpometacarpal joint. Motor testing and sensory examination were unremarkable. Treatment to date has included joint replacement and bone graft for the trapeziometacarpal joint of the thumb in May 2013, physical therapy, acupuncture, and medications. The utilization review from 9/16/2014 denied the request for interferential unit & supplies 1-2 month rental because of lack of documentation to substantiate the need for this durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit & supplies 1-2 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Work Loss Data Institute; Forearm, Wrist & Hand (Acute & Chronic)

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

Decision rationale: As stated on pages 118-120 of the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one-month trial should be done given that the patient's pain is ineffectively controlled by medications, or unresponsive to conservative measures. In this case, patient complained of right thumb swelling, numbness, tingling and weakness. Pain was rated 2-4/10 in severity. Physical examination showed tenderness over the radial styloid. Finkelstein's was positive. Range of motion of the right 1st digit interphalangeal, metacarpophalangeal and carpometacarpal joint. However, there is no evidence that interferential unit will be used in conjunction with an exercise program; interferential therapy is not recommended as a solitary treatment modality. Moreover, there is no discussion why a two-month rental is necessary in this case when the guideline recommends one-month trial. Therefore, the request for interferential unit & supplies 1-2 months rental is not medically necessary.