

Case Number:	CM14-0161342		
Date Assigned:	11/04/2014	Date of Injury:	01/01/2008
Decision Date:	12/09/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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 and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia & Ohio. 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:

This individual is a 53 year old female who sustained an industrially related injury on January 1, 2008 involving her neck and bilateral upper extremities. She has ongoing complaints of 8/10 neck pain with burning and numbness (distribution not defined in the available record). The latest physical examination provided for this review (3/12/14) notes pain with extension of the right thumb, decreased range of motion with the left and right thumbs, positive Phalen's' test and decreased range of motion in bilateral wrists. The ranges of motion are not defined; there is no mention of cervical pathology in this exam report. An earlier examination (11/15/13) notes in the right thumb and wrist- decreased sensation, positive Phalen's' and Tinel's tests with changes to the thenar pad. In the cervical region this examination notes tenderness to palpation, defined decreased range of motion and guarding. This exam also notes that she has benefitted from physical therapy previously and requests additional therapy to maintain that benefit. An electromyogram (EMG) performed on 9/9/13 notes a mild carpal tunnel syndrome and no cervical radiculopathy. This request is for an inferential current system presumably to be used for pain control as there is no specific indication noted in the available record.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 interferential home unit: Upheld

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

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

Decision rationale: The MTUS states that inferential current units are "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." Further, MTUS states; "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. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique." The available record provides indication that there has been improvement through the use of the normally recommended treatments, and given that the indication is most likely for soft tissue injury and, as noted above, there is no literature to support its use in these types of injuries this request is deemed to be not medically necessary.