

Case Number:	CM14-0024684		
Date Assigned:	06/11/2014	Date of Injury:	01/18/2013
Decision Date:	08/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 42-year-old male who reported an injury on 01/18/2013. The mechanism of injury was an assault. The diagnoses included; left wrist sprain, thoracic spine sprain/strain, and arthralgia to the elbows, knees and heels. Previous treatments included; medication, magnetic resonance imaging (MRI), chiropractic, physical therapy and surgery. In the clinical note dated 03/10/2014, it was reported the injured worker complained of left wrist pain. He rated his pain 3 out of 10 in severity. The injured worker complained of weakness and buckling of the left wrist when holding an object. On physical examination of the left wrist, the provider noted the injured worker had full active range of motion. The provider indicated the injured worker had tenderness to palpation of the first dorsal compartment. The injured worker had a positive Finkelstein's test and negative Tinel's test. The injured worker had a positive empty can test. The provider requested for interferential unit and supplies. However, rationale is not provided for clinical review. The Request for Authorization is not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL UNIT AND SUPPLIES (THROUGH [REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GALVANIC STIMULATION.

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

Decision rationale: The request for interferential unit and supplies is not medically necessary. The injured worker complained of left wrist pain. He rated his pain 3 out of 10 in severity. The injured worker complained of weakness and buckling of the left wrist when holding any object. California MTUS Guidelines do not recommend interferential current stimulation 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. Guidelines note, although, interferential units are not recommended, it would be possibly appropriate for the following conditions, pain is ineffectively controlled due to diminish effectiveness of medications, pain is ineffectively controlled with medications due to side effects or history of substance abuse or significant pain from postoperative conditions, limits the ability to perform exercise programs/physical therapy treatment. Unresponsiveness to conservative measures. Guidelines note if the criteria are met, then a 1-month trial may be appropriate to permit the physician and physical medicine provider to study effects and benefits. Medical documentation indicating the injured worker failed on conservative treatment. There is lack of documentation indicating the injured worker has a history of substance abuse or the inability to perform an exercise program. The medical documentation indicating pain was ineffectively controlled with medication or the injured worker had side effects due to medication. Additionally, the guidelines do not recommend the use of interferential unit. Therefore, the request for interferential unit and supplies is not medically necessary.