

Case Number:	CM14-0031963		
Date Assigned:	03/21/2014	Date of Injury:	12/07/2011
Decision Date:	11/12/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/13/2014

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, has a subspecialty in Pain Management 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 52-year-old female who sustained an injury on 12/07/11. As per report of 01/27/14, she complained of severe right wrist pain 5-7/10; right forearm pain 5-7/10 and weakness with burning and painful to touch and also had depression and insomnia. On exam, right wrist/hand swelling was diminished with vasomotor changes; range of motion was decreased; there was tenderness to palpation over the flexor and extensor tendons with hypersensitivity. Moreover, Tinel's, Phalen's, Jamar and Finkelstein tests were deferred due to pain. She underwent surgery to repair the fracture with hardware on 05/07/12 and had an additional surgery on 05/9/12 in the same region of the right wrist. Her current medications include Norco and Neurontin. Previously, she had 12 sessions of physical therapy which did help her and also acupuncture provided some benefit. Diagnoses include right Kienbck's disease, status post right arthroscopy with radial shortening osteotomy on 05/07/12, status post right second and third dorsal compartment tendon repairs on 05/09/12; minimal right thumb carpometacarpal joint osteoarthritis, status post severe right wrist contusion on 12/07/11. The request for ortho stim IV with glove attachment was denied 02/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHO STIM IV WITH GLOVE ATTACHMENT: Upheld

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

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

Decision rationale: Per guidelines, Interferential Current Stimulation is 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. Possibly appropriate for the following conditions: pain is ineffectively controlled due to diminished effectiveness of medications; or 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; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the above criteria are not met; there is no evidence of ineffective pain control, uncontrolled post-op pain or failure of conservative measures. Therefore, the request is considered not medically necessary in accordance to guidelines and based on the available clinical information.