MAXIMUS Federal Services

Case Number:	CM14-0037983		
Date Assigned:	06/25/2014	Date of Injury:	01/21/2003
Decision Date:	08/06/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 applicant is a represented [redacted] employee who has filed a claim chronic hand pain and bilateral wrist pain reportedly associated with an industrial injury of January 21, 2003.Thus far, the he/she has been treated with the following: Analgesic medications; unspecified amounts of psychotherapy; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work.In utilization review report March 6, 2014, the claims administrator denied a request an interferential unit supplies 30- to 60-day rental of the same with qualified request to purchase the unit for long-term use if effective. Somewhat incongruously, the claims administrator stated in its rationale that the request for interferential unit supplies for purchase is medically necessary. Despite the fact that the MTUS addressed the topic, claims administrator nevertheless cited non-MTUS ODG(Official Disability Guidelines) on a TENS(Transcutenous Electrical Nerve Stimulator) unit as opposed to an interferential stimulator. The applicant's attorney subsequently appealed.A January 13, 2014 progress note is notable for comments that the applicant reported persistent complaints of bilateral wrist pain. The applicant wanted to pursue additional acupuncture. Six sessions of acupuncture were sought for de Quervain's tenosynovitis. The applicant was described as having retired from her former place of employment.It appears that the interferential stimulator was later requested via a request for authorization form without much in the way of narrative commentary or rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit (IF) and supplies thirty to sixty day rental and purchase for long term if effective for the bilateral wrists.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for transcutaneous electrical neurostimulation unit (TENS) unit.

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

Decision rationale: Per page 120 of the MTUS Chronic Pain Medical Treatment Guidelines states that interferential stimulation can be employed on one-month trial basis in applicants in whom pain is ineffectively controlled due to diminished efficacy of medications, applicants in whom medication side effects prevent provision of analgesic medications, applicants who have a history of substance abuse that prevent provision of analgesic medications, and/or applicants who have significant postoperative pain, which would prevent participation in postoperative physical therapy. In this case, however, none of the aforementioned criteria were met. It was not stated that the applicant had issues participating in home exercise. It was not stated that the applicant had issues with substance abuse that would prevent provision of analgesic medications. There was no mention of medication intolerance and/or failure. No clear, compelling rationale for usage of the device was provided. It is further noted that the 30 to 60 day rental does represent treatment in the excess of the one-month trial suggested on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines. Finally, conditional or qualified approvals, such as is being sought here via the purchase for long-term if effective phrase, are not permissible through the independent medical review system. Therefore, the Interferential unit (IF) and supplies thirty to sixty day rental and purchase for long term if effective for the bilateral wrists are not medically necessary.