

Case Number:	CM14-0038577		
Date Assigned:	06/27/2014	Date of Injury:	02/15/2011
Decision Date:	08/06/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 for chronic hand, wrist, and elbow pain reportedly associated with an industrial injury of February 15, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; a wrist corticosteroid injection; and x-rays of the bilateral hands, reportedly notable for soft tissues swelling. In a Utilization Review Report dated March 21, 2014, a request for a 30-to 60-day trial of an interferential stimulator device was denied. The claims administrator noted that the applicant was status post first dorsal compartment release surgery. The applicant's attorney subsequently appealed. In a progress note dated June 4, 2014, the applicant was described as pending another de Quervain's release surgery for the right wrist. The applicant was described as having persistent complaints of hand and wrist pain. The note employed preprinted checkboxes and was very difficult to follow. Work restrictions were endorsed, although it did not appear that the applicant was working. It was stated that the applicant had improved following earlier left wrist surgery. On December 18, 2013, the applicant was placed off of work, on total temporary disability owing to heightened complaints of wrist. A wrist corticosteroid injection was performed in the clinic setting. On January 22, 2014, the applicant was again described as off of work following a wrist corticosteroid injection. The applicant was using Norco and oral Voltaren for pain relief, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit and supplies 30-60 day rental and/or purchase is effective for right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is recommended in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to adverse medication effects, and/or applicants with significant pain for postoperative conditions which limits ability to participate in home exercise and/or postoperative physical therapy. In this case, however, there is no such history present here. There is no mention of the applicant having issues with medication inefficacy or medication side effects preventing provision of the same. There was no mention of the applicant's having history of substance abuse which would prevent provision of oral analgesics. There was no mention of intolerance to and/or failure of physical therapy. It is further noted that the 30- to 60-day rental does represent treatment in excess of the one-month trial suggested on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines. Finally, conditional or qualified certifications are not permissible through the Independent Medical Review process. Thus, the purchase is effective portion of the request could not have been approved, in any case. For all of the stated reasons, then the request is not medically necessary.