

Case Number:	CM14-0045301		
Date Assigned:	06/27/2014	Date of Injury:	02/27/2013
Decision Date:	08/25/2014	UR Denial Date:	03/25/2014
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 patient is a 57-year-old female who has submitted a claim for right carpal tunnel syndrome status post right hand carpal tunnel release associated with an industrial injury date of 02/27/2013. Medical records from 10/10/2013 to 08/07/2014 were reviewed and showed that patient complained of persistent right hand/wrist pain graded 5/10. Physical examination revealed tenderness over the right wrist. Stiffness and instability was also noted. Electromyography (EMG) of the right upper extremity (date not made available) demonstrated right carpal tunnel syndrome. Treatment to date has included carpal tunnel release of the right wrist, flexor tenosynovectomy of the right wrist with intraarticular injection (02/25/2014), physical therapy, and pain medications and patches. Utilization review dated 03/25/2014 denied the request for Interferential Unit and Supplies 30-60 day rental, right wrist because there was no mention of failure of medications due to ineffectiveness or side effects, or history of substance abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit and supplies, 30-60 day rental for the right wrist: 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 Stimulation Page(s): 118-120.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, Interferential Current Stimulation (ICS) 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. 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. In this case, there was no documentation of active participation in a home exercise program by the patient. The guidelines do not recommend ICS as single intervention. Therefore, the request for Interferential unit and supplies, 30-60 day rental for the right wrist is not medically necessary.