

Case Number:	CM14-0050694		
Date Assigned:	06/25/2014	Date of Injury:	01/02/2013
Decision Date:	08/20/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old female was reportedly injured on January 2, 2013. The mechanism of injury was not listed in the records provided. The progress report dated February 26, 2014 indicated that there were ongoing complaints of right wrist pain. The physical examination revealed weakness and stiffness of the right hand. The injured worker's previous treatment included surgical excision of dorsal ganglion cysts of the right wrist. The diagnostic imaging studies objectified the ganglion cyst. A request had been made for interferential unit supplies and was not certified in the pre-authorization process on March 14, 2014.

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 and purchase for long term, if effective:
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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 113-116.

Decision rationale: This is an injured employee who underwent excision of a dorsal ganglion cyst. There was no clinical indication presented in the progress notes suggesting that there is any pathology that would be amenable to an electrical stimulation type situation. Furthermore, there was no objectification of any significant improvement, functionality or return to work. In short, this device offers no improvement in the symptomatology. Therefore, this request is not medically necessary.