

Case Number:	CM14-0186362		
Date Assigned:	11/14/2014	Date of Injury:	06/09/2011
Decision Date:	01/02/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal 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:

This is a female injured worker who sustained an injury on 06/09/2011 with resulting right wrist pain. She was diagnosed with carpal tunnel syndrome, neck and lumbar sprain, and enthesopathy of the elbow. Chiropractic treatment dated 04/29/2014 and 05/07/2014 noted with temporary improvement during therapy but continued with complaint of pain, stiffness, aching and paraesthesias during physical work. Documentation showed Tylenol # 3 and Naproxen prescribed for pain control. The injured worker remained on modified work duty through 10/06/2014. A request for services of interferential unit and 30 days rental submitted and the utilization Review determination on 10/29/2014 denied the request as not meeting criteria.

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 Day Initial Rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Interferential Unit

Decision rationale: Pursuant to the Official Disability Guidelines, the interferential unit and supplies 30 day initial rental is not medically necessary. Interferential unit (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications. The guidelines contain Patient Selection Criteria for the ICS unit to be medically necessary. These criteria include, but are not limited to, pain is ineffectively controlled due to diminished effectiveness of the medication; and pain is effectively controlled with medications due to side effects. See the guidelines for additional criteria. If these criteria are met, then one month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, there was no documentation as to whether pain was ineffectively controlled with the existing medications. There was no documentation indicating whether side effects precluded additional medication use. Absent the appropriate documentation, supplying the criteria for ICS, the ICS unit is not clinically indicated. Consequently, the request for an Interferential unit with supplies 30day rental is not medically necessary.