

Case Number:	CM14-0201797		
Date Assigned:	12/12/2014	Date of Injury:	05/22/2014
Decision Date:	02/04/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/02/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 50 year old female sustained cumulative industrial related injuries on 09/22/2013 through 09/22/2014 due to repetitive activities. The results of the injury included pain in the bilateral wrists, elbows and shoulders. The injured worker was previously diagnosed with arthritis. Current subjective complaints (per exam dated 10/22/2014) included constant pain in the left wrist along with tingling, swelling and numbness in the fingers. The pain was rated as 6-7 out of 10 and was reported to radiate to the left elbow and left shoulder. The pain was noted to be increased with gripping, pushing, pulling, lifting and carrying. The injured worker also reported constant pain in the right wrist as well as tingling, swelling and numbness in the fingers. The pain was rate 6 out of 10 and was also noted to radiate to the right elbow. The pain was reported to increase with gripping, pushing, pulling, lifting and carrying. Other complaints included depression and anxiety due to stress, and intermittent insomnia and headaches. Objective findings during this exam revealed decreased range of motion(ROM) in the left shoulder with flexion of 160, extension of 40, abduction of 150, adduction of 40, internal rotation of 90, and external rotation of 90. Physical exam revealed no step-off over the AC joint, tenderness of the greater tuberosities (bilaterally), subacromial grinding and clicking (left), tenderness of the rotator cuff muscles (bilaterally), tenderness of the supraspinatus and infraspinatus (bilaterally), and a positive impingement test on the left. Muscle strength was tested and noted as: right 4/5 and left 3/5. Reflexes were +1 bilaterally in the biceps, triceps, and supinator. Examination of the elbows revealed normal ROM bilaterally. Testing included: bilateral Tinel's cubital and radial tests, tennis elbow tests and varus/valgus tests which were all negative. Muscle strength was noted to be 3/5 in the right and 4/5 in the left. There was tenderness of the lateral epicondyle of the elbows, right greater than the left. No joint effusion was noted. Examination of bilateral wrists and hands revealed decreased ROM equally to both wrist with dorsiflexion of 45, volar

flexion of 45, radial deviation of 15, and ulnar deviation of 20. Tinel's and Phalen's tests were positive bilaterally; but Finelstein's and Allen's test were negative bilaterally. Snuffbox tenderness was negative bilaterally. Tenderness was noted over the distal radioulnar joints (bilaterally) and triangular fibrocartilage complex (bilaterally). There was no atrophy of the thenar muscles, any trigger thumb or fingers, and full ROM in the fingers and thumbs. Abnormal two-point discrimination of the median nerve distribution was noted bilaterally, and abnormal motor power and sensation of the right hand was noted. The remaining exam was within normal limits. Current diagnoses include right hand sprain/strain rule out tendinitis and carpal tunnel syndrome, left hand sprain/strain rule out tendinitis and carpal tunnel syndrome, right wrist sprain/strain rule out internal derangement and TFCC tear, left wrist sprain/strain rule out internal derangement, left shoulder sprain/strain rule out tendinitis impingement and cuff tear, right elbow sprain/strain rule out lateral epicondylitis, and left elbow sprain/strain rule out lateral epicondylitis. Previous treatments included medications. Diagnostic testing has included x-rays of the left shoulder and bilateral wrist which revealed no fractures. The DME Interferential unit was requested for the treatment of pain. There were no noted treatments in place around the time the DME Interferential unit was requested. The injured worker reported increased pain in the upper extremities. Functional deficits were unchanged as there were no previous objective exam findings provided or noted for comparison. The injured worker reported increased difficulty with activities of daily living and physical activity including work related activities. Work status was noted to be temporarily partial disabled with restrictions. Dependency on medical care was increased as multiple treatment modalities were ordered and requested. On 11/17/2014, Utilization Review non-certified a prescription for durable medical equipment (DME) Interferential unit which was requested on 11/13/2014. The DME Interferential unit was non-certified based on newness of condition, and considering other more generally recognized treatment available and lack of hard objective clinical indications for the need for extensive 60 day rental of the DME Interferential unit. The MTUS guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of DME Interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit: 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 Pain Interventions and Guidelines Page(s): 118-120.

Decision rationale: 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. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant

pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. One-month trial is recommended to determine if there is functional benefit from the therapy. In this case there is no documentation that the ICS unit will be used in conjunction with other treatments. In addition there is no documentation of a one-month trial demonstrating functional benefit from ICS therapy. The request is not medically necessary.