

<b>Case Number:</b>	CM14-0205083		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehabilitation, has a subspecialty in Pain 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 injured worker is a 52-year-old individual with an original date of injury of September 16, 2011. The industrial diagnoses include joint pain in the hands, carpal tunnel syndrome, on the nerve lesion, and radial nerve lesion. The mechanism of injury was repetitive strain to the forearm, risk, and elbow from overuse of a computer. Conservative therapies have included pain medications, oral anti-inflammatory, splinting, and cortisone injections. The patient has had carpal and radial tunnel releases in January 2014. Nonetheless, there is still pain and the disputed issue is a retrospective rental for an interferential stimulator unit for nine months. A utilization review determination on November 24, 2014 had noncertified this request. The stated rationale for this was that "medical necessity is not established in the presented documentation."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Rental for Zynex IF Unit for nine (9) months and Supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: pp. 118-119, 2010 Revision, Web Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 118-120.

**Decision rationale:** Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. In this case, the request is for 9 months rental and is in excess of guidelines. The IMR process does have any provision for modification of the current request. In light of the above issue, the currently requested interferential unit is not medically necessary.