

Case Number:	CM14-0206429		
Date Assigned:	12/18/2014	Date of Injury:	04/12/2013
Decision Date:	02/09/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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 & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 04/12/13 with injury to the right wrist. Treatment included a right DeQuervain's release on 04/03/14. She was seen by the requesting provider on 05/19/14. She was having pain rated at 2-3/10. She had started physical therapy. Physical examination findings included positive Finkelstein testing with decreased right wrist range of motion. Voltaren gel was prescribed. On 06/24/14 pain was rated at 2/10. Flector was prescribed. On 10/09/14 she was having ongoing right wrist and thumb pain. There had been improvement in range of motion and strength with physical therapy and work hardening. Physical examination findings included right hand weakness. Authorization for chiropractic treatment, additional testing, and a home interferential stimulation unit was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulator (ICS) Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The claimant is more than one year status post work-related injury and underwent a right DeQuervain's release in April 2014. Use of an interferential stimulation unit should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial after there has been ineffective pain control despite conservative measures. In this case, the claimant has not undergone a trial of interferential stimulation and therefore the requested Interspec IF II with supplies is not medically necessary.