

Case Number:	CM14-0209598		
Date Assigned:	12/22/2014	Date of Injury:	06/18/2001
Decision Date:	02/18/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 43-year-old female with accumulative date of injury of 06/18/2001 through 10/24/2014. According to doctor's first report dated 11/10/2014, the patient presents with bilateral hand pain with weakness and numbness especially at the end of her shift at work. The patient also reports having pain in the bilateral elbows and bilateral shoulders. However, her bilateral wrist/hand complaints are most severe. Physical examination of the bilateral shoulder reveals tenderness to palpation over the parascapular musculature. There is slight subacromial crepitus with passive range of motion. Impingement test and cross-arm test elicit posterior pain bilaterally. Examination of the bilateral elbows revealed tenderness to palpation over the medial epicondyles bilaterally. Cozen's test is very slightly positive bilaterally. Tinel's test is positive on the right. Examination of the bilateral wrist revealed tenderness to palpation over the flexor and extensor tendons in the right first metacarpal joint. Phalen's test is positive on the right. The listed diagnoses are: 1. Bilateral shoulder parascapular strain. 2. Bilateral elbow strain with medial epicondylitis and right cubital tunnel syndrome. 3. Bilateral wrist flexor/extensor tendinitis with right carpal tunnel syndrome. Treatment plan is for chiropractic therapy and home interferential unit to decrease pain, increase range of motion, and ability to perform activities of daily living. The utilization review denied the request on 11/19/2014. The medical file provided review includes 1 treatment report dated 11/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential unit rental x 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with bilateral shoulders, bilateral elbows, and bilateral hand complaints. The current request is for home interferential unit rental x90 days. For Interferential Current Stimulation (ICS), the MTUS guidelines, pages 118 - 120, state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). In this case, there is no documentation of substance abuse, operative condition, or unresponsiveness to conservative measures. Furthermore, MTUS requires a 30-day trial of the unit showing pain and functional benefit before a home unit is allowed. Given that the request is for a home IF unit for 90 days, recommendation cannot be made. The requested IF unit IS NOT medically necessary.