

Case Number:	CM14-0057369		
Date Assigned:	07/23/2014	Date of Injury:	12/14/2009
Decision Date:	04/08/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

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 57 year old male with an industrial injury dated 12/04/2009. He provided a history of sustaining an injury to his bilateral hands while performing his usual and customary duties as a janitor. He indicated that secondary to repetitive work, he developed marked pain and numbness in the bilateral hands. He presented on 03/26/2014 for a follow up visit of his bilateral hands and wrists. He was complaining of cramping pain in both hands. Prior treatments include bracing, physical therapy and medications. Diagnosis was carpal tunnel syndrome. On 04/11/2014 the request for IF unit and supplies, 30-60 day rental and purchase, bilateral wrist and hands was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit & Supplies 30=60 day rental & purchase, bilateral wrist and hands: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence. It may be considered as an adjunct if used in conjunction with recommended treatments, including return to work, exercise, and medications if these have not shown to provide significant improvements in function and pain relief, and has already been applied by the physician or physical therapist with evidence of effectiveness in the patient. Criteria for consideration would include if the patient's pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, if the patient has a history of substance abuse, if the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs or physical therapy treatments, or if the patient was unresponsive to conservative measures (repositioning, heat/ice, etc.). A one month trial may be appropriate if one of these criteria are met as long as there is documented evidence of functional improvement and less pain and evidence of medication reduction during the trial period. Continuation of the ICS may only be continued if this documentation of effectiveness is provided. Also, a jacket for ICS should only be considered for those patients who cannot apply the pads alone or with the help of another available person, and this be documented. In the case of this worker, although consideration for using ICS seems reasonable, based on the documentation provided, the criteria for an ICS unit was not fully met. There was no evidence that the worker was actively engaged in home exercises or physical therapy to be continued while using the ICS. Also, there was no baseline functional assessment documented. Also, the request included rental and purchase, and these should be separated and included only rental. Therefore, the "IF Unit & Supplies 30=60 day rental & purchase, bilateral wrist and hands" will be considered medically unnecessary.