

Case Number:	CM15-0006181		
Date Assigned:	01/29/2015	Date of Injury:	01/17/2014
Decision Date:	03/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 (IW) is a 57 year old male, who sustained an industrial injury on January 17, 2014. He has reported left elbow, forearm and hand pain with numbness in the wrist and hand and was diagnosed with left forearm strain/sprain, left elbow lateral epicondylitis, status post thumb and wrist laceration and status post fracture of the first metacarpophalangeal joint with residual arthrofibrosis. Treatment to date has included physical therapy, radiographic imaging, diagnostic studies, work duty modifications and treatment modalities. Currently, the IW complains of left elbow, forearm and hand pain with numbness in the wrist and hand as well as left knee pain. The injured worker reported an industrial injury in 2014, resulting in the described pain. It was noted he continued to experience pain in the thumb. X-ray on July 1, 2014, revealed evidence of healing. On July 29, 2014, evaluation revealed decreased pain and an increased range of motion after physical therapy treatments. He reported depression and anxiety as well as sleep disturbances secondary to chronic pain. On October 27, 2014, the pain was noted as continued and subjectively worse. An 11/28/14 document states that the patient is taking a new medication from a pain physician. On December 15, 2014, Utilization Review non-certified a request for four packs of electrodes, power packs #12, adhesive remover towel minty #16 and avid interferential unit for 1 month rental, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 7, 2015, the injured worker submitted an application for IMR for review of requested four packs of electrodes, power packs #12, adhesive remover towel minty #16 and avid interferential unit for 1 month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes packs #4: 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 Interferential Current Stimulation (ICS)- Page(s): 118-120.

Decision rationale: Electrodes packs #4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The electrode packs were to be used with the interferential unit which is noted to be not medically necessary. The guidelines state that the interferential unit 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. The MTUS states that despite the lack of evidence the treatment may possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The documentation does not support the medical necessity of the Interferential Unit. There is no rationale documented for the use of this treatment. The Guidelines states that if this unit may be considered if pain is ineffectively controlled with medications. The documentation indicates that the patient was started on a new medication. There is no documentation on whether the patient had controlled pain from this medication. There is no evidence of substance abuse, significant post op pain or other MTUS criteria to recommend this treatment. The MTUS states that the randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The documentation does not indicate that the patient suffers from any of the above conditions that this treatment has been evaluated on. For all of these reasons the request is not medically necessary.

Power pack #12: 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 Interferential Current Stimulation (ICS)- Page(s): 118-120.

Decision rationale: Power pack #12 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The power pack was to be used with the interferential unit which

is noted to be not medically necessary. The guidelines state that the interferential unit 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. The MTUS states that despite the lack of evidence the treatment may possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The documentation does not support the medical necessity of the Interferential Unit. There is no rationale documented for the use of this treatment. The Guidelines states that if this unit may be considered if pain is ineffectively controlled with medications. The documentation indicates that the patient was started on a new medication. There is no documentation on whether the patient had controlled pain from this medication. There is no evidence of substance abuse, significant post op pain or other MTUS criteria to recommend this treatment. The MTUS states that the randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The documentation does not indicate that the patient suffers from any of the above conditions that this treatment has been evaluated on. For all of these reasons the request for power packs are not medically necessary.

Adhesive remover towel mint #16: 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 Interferential Current Stimulation (ICS)- Page(s): 118-120.

Decision rationale: Adhesive remover towel mint #16 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The adhesive remover towel mint was to be used with the interferential unit which is noted to be not medically necessary. The guidelines state that the interferential unit 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. The MTUS states that despite the lack of evidence the treatment may possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The documentation does not support the medical necessity of the Interferential Unit. There is no rationale documented for the use of this treatment. The Guidelines states that if this

unit may be considered if pain is ineffectively controlled with medications. The documentation indicates that the patient was started on a new medication. There is no documentation on whether the patient had controlled pain from this medication. There is no evidence of substance abuse, significant post op pain or other MTUS criteria to recommend this treatment. The MTUS states that the randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The documentation does not indicate that the patient suffers from any of the above conditions that this treatment has been evaluated on. For all of these reasons the request for adhesive remover towel mints are not medically necessary.

Avid Interferential unit for 1 month rental: 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 Interferential Current Stimulation (ICS)- Page(s): 118-120.

Decision rationale: Avid Interferential unit for 1 month rental is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit 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. The MTUS states that despite the lack of evidence the treatment may possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The documentation does not support the medical necessity of the Interferential Unit. There is no rationale documented for the use of this treatment. The Guidelines states that if this unit may be considered if pain is ineffectively controlled with medications. The documentation indicates that the patient was started on a new medication. There is no documentation on whether the patient had controlled pain from this medication. There is no evidence of substance abuse, significant post op pain or other MTUS criteria to recommend this treatment. The MTUS states that the randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The documentation does not indicate that the patient suffers from any of the above conditions that this treatment has been evaluated on. For all of these reasons the request for an interferential unit is not medically necessary.