

Case Number:	CM15-0106455		
Date Assigned:	06/10/2015	Date of Injury:	08/04/2014
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 44 year old female, who sustained an industrial injury on 8/04/2014. She reported developing bilateral forearm wrist and hand pain and numbness that increased with repetitive or forceful grasping and gripping activities. Diagnoses include carpal tunnel syndrome, bilateral epicondylitis, and lesion of the ulnar nerve. Treatments to date include medication therapy, physical therapy, acupuncture treatments, and cortisone injections. Currently, she complained of pain and numbness in bilateral forearms and wrists. On 4/30/15, the physical examination documented positive Tinel's and Phalen's tests bilaterally at the wrists. The electromyogram and nerve conduction studies (EMG/NCS) were documented to have been positive for left ulnar neuropathy. The plan of care included MEDS-4 interferential unit with garment between 5/7/15 and 6/21/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS-4 Interferential Unit with Garment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chp 3 pg 48-9; Chp 11 pg 265, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-120.

Decision rationale: IF (Interferential Stimulator) units are transcutaneous electrical nerve stimulation (TENS) units that use electric current produced by a device placed on the skin to stimulate the underlying nerves and which can result in lowering acute or chronic pain. It differs from other TENS units in that it modulates a TENS pulse at a higher wavelength. This presumably reduces the capacitance of skin and allows deeper penetration of the electrical currents into the skin. However, there is a lot of conflicting evidence for use of TENS and the MTUS specifically notes that IF therapy is not recommended as an isolated therapy. The MTUS does recommend TENS therapy during the first 30 days of the acute post-surgical period although it notes that its effectiveness for orthopedic surgical procedures is not well supported by the literature. The MTUS also lists specific criteria for use of TENS treatment. These criteria have been well documented for this patient. Specifically, the patient has failed conservative therapy (physical therapy and acupuncture) and surgery is now being considered. A 30 day trial of TENS or IF therapy is a viable option for this patient. However, the provider has also requested the IF therapy be done using a garment to hold the electrodes in place. This would be instead of the usual electrodes held on with tape. There is no documentation that the patient has any skin disorder, which would preclude use of tape. Thus, even though medical necessity for a trial of this therapy has been established, medical necessity for the concomitant use of a garment has not been established. The request is not medically necessary.