

Case Number:	CM15-0134815		
Date Assigned:	07/23/2015	Date of Injury:	10/10/2014
Decision Date:	08/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 is a 56-year-old female with an industrial injury dated 10/10/2014. The injury is documented as occurring while she was working on a computer and developed progressive pain and stiffness of her neck, left hand and wrist. Her diagnoses included clinical evidence of a possible disc herniation of the cervical spine at the cervical 5-6 level and advanced carpometacarpal joint osteoarthritis of the left thumb. Prior treatment included physical therapy, diagnostics and medications. She presents on 04/29/2015 for a follow up examination of her right hand/wrist and cervical spine. She complains of neck pain with radiation to the shoulders. She also notes weakness, numbness and tingling of the arms with pain at the base of the left thumb. Physical exam of the cervical spine revealed limited range of motion. Neurogenic compression tests were positive on the left. Examination of the left hand and wrists revealed marked tenderness at the left carpometacarpal joint with deformity. The treatment plan included physical therapy to maintain core strengthening and reconditioning exercises for the cervical spine. Interferential unit was also requested for long-term care with supplies as needed to manage pain and reduce medication usage. The request for physical therapy 3 times a week for 4 weeks for cervical spine disc herniation C5-6 was authorized. The request for review is durable medical equipment (DME) Interferential (IF) unit and supplies for 30-60 day rental and purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) Interferential (IF) unit and supplies for 30-60 day rental and purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: According to MTUS guidelines, "Interferential Current Stimulation (ICS) 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. Patient selection criteria if Interferential stimulation is to be used anyway: 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. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)" There is no clear evidence that the patient did not respond to conservative therapies, or have post op pain that limit his ability to perform physical therapy. There is no clear evidence that the neurostimulator will be used as a part of a rehabilitation program. There is no evidence of neck and upper extremities functional deficit that required neuro stimulator therapy. There is no documentation of the outcome of previous physical therapy and TENS. Therefore, the request for Durable medical equipment (DME) Interferential (IF) unit and supplies for 30-60 day rental and purchase is not medically necessary.